

1. Health
& Welfare
2. Public
Health Service

3. S. 300
4. 1-57

5. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
6. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018205
STATE FILE NUMBER
2076

FILED MAY 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2076

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb. 65 yrs.	d. STREET ADDRESS (If outside, give location) 3524 Euclid Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Della Middle Gougar Last Gougar			4. DATE OF DEATH Month 4 Day 21 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 17, 1979	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ROUND GROVE INDIANA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JAMES CROSE	13b. MOTHER'S MAIDEN NAME MARY ELIZABETH 1995	14. NAME OF HUSBAND OR WIFE HARRY D. GOUGAR
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Gougar Address HARRY GOUGAR 3524 EUCLID
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary infarction		INTERVAL BETWEEN ONSET AND DEATH 49030
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fracture of right femur. DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on floor.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 3-30-58		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.	20f. CITY, TOWN, OR LOCATION Kansas city COUNTY Jackson STATE MO.
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21. I attended the deceased from **3-30-58** to **April 21, 1958** and last saw her **live** on **April 21, 1958**
Death occurred at **2:30 P.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) D	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 4-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 23, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. MARIAN CEMETERY	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR MUEHLEBACH 6800 STREET	25. DATE RECD. BY LOCAL REG. 4-23-58	26. REGISTRAR'S SIGNATURE neva Minchall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. Burns



JUN 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *D. E. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *D. E. Nichols*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.