

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022612
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 17358

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ELDON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys-Hospital		Length of stay in lb 14 days	d. STREET ADDRESS (If outside, give location) 0660 AURORA-Springs
3. NAME OF DECEASED (Type or print) First ALBERT C Middle Gouge Last Gouge		4. DATE OF DEATH Month June Day 14 Year 1958	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 18 Nov-1874
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) MONITEAU, CO-MO
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ARIZONA-Gouge	
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 LOGAN-BARNARD Address ELDON-MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis - Hypertension DUE TO (c) 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 m year
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) None		
20c. TIME OF INJURY Hour None Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION None COUNTY STATE		
21. I attended the deceased from 6-1-58 to 6-14-58 and last saw him alive on 6-14-58 Death occurred at 12:45 2 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. E. Humphreys (Degree or title) Dr		22b. ADDRESS Tuscumbia-MO	22c. DATE SIGNED 16 JUNE 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 17 JUNE 58	23c. NAME OF CEMETERY OR CREMATORY DOOLEY	23d. LOCATION (City, town, or county) (State) MILLER-CO-MO
24. FUNERAL DIRECTOR Keith M. Kays ADDRESS ELDON MO	25. DATE RECD. BY LOCAL REG. June 17, 1958	26. REGISTRAR'S SIGNATURE Mrs. W. E. Kallenbach	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, Registrar, etc., must use only standard non-aqueous ink in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED

JUN 20 '58

**Miller County
Health Department**

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon*

**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.**