

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024952
STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		c. CITY OR TOWN Cameron 02510	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) S. HARRIS ST	
Length of stay in lb Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Margaret M. Gotts			4. DATE OF DEATH Aug. 2-1958		
5. SEX Female			6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Nov. 2-1895		
9. AGE (In years last birthday) 62			10. UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HRS. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (City and state or country) Carroll Co. Mo			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Mark Fitzgerald			14. MOTHER'S MAIDEN NAME Mary Kinsella		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Winnie Fitzgerald, Cameron, Mo			Address -		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
DUE TO (c) 4200		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

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.)
20c. TIME OF INJURY Hour - Month - Day - Year - a. m. - p. m. -			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	---	------------------------------	--------	-------

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **4:45 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Hampton (Degree or title) 2	22b. ADDRESS Cameron Mo	22c. DATE SIGNED 8/4/58
---	--------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-4-58	23c. NAME OF CEMETERY OR CREMATORY Kennedy Cemetery	23d. LOCATION (City, town, or county) (State) East Cameron MO
---	-------------------------	--	--

24. FUNERAL DIRECTOR Demoss Crank, Cameron, Mo	25. DATE RECD. BY LOCAL REG. 8-5-58	26. REGISTRAR'S SIGNATURE Francis Crawford
---	--	---

health, Welfare Public Service
25
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edmond L. L...*

Licensed Embalmer No. *252*

P. O. Address *EMERON*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.