

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025171
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 689-A

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Infirmary Length of stay in 1b 4 years | | d. STREET ADDRESS 1235 E. Elm St. (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JOYCE Middle ELLEN Last GOSS | | | 4. DATE OF DEATH July 5, 1958 Month Day Year |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 5, 1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Public School | 11. BIRTHPLACE (City and state or country) Seymour, Missouri |
| 13. FATHER'S NAME Rev. A. R. Goss | | 14. MOTHER'S MAIDEN NAME Sarah Henry | |
| 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 Mrs. George Steury, Springfield, 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) Uremia | | | INTERVAL BETWEEN ONSET AND DEATH 3 or 4 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephrosclerosis | | | 10 yrs. |
| DUE TO (c) Arteriosclerosis | | | 10 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Perforated Peptic Ulcer- Closed Surgically | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
| 20c. TIME OF INJURY Hour 8:00 Month 6 Day 26 Year 1958 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 Springfield COUNTY Greene STATE Missouri | |
| 21. I attended the deceased from 6/26/58 , to 7/5/58 and last saw her alive on 7/5/58 Death occurred at 8:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) M.D. | | 22b. ADDRESS 430 South Avenue | 22c. DATE SIGNED 7/7/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/8/58 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri |
| 24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo. ADDRESS | | 25. DATE RECD. BY LOCAL REG. 7-15-58 | 26. REGISTRAR'S SIGNATURE [Signature] |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
Welfare
Public
Service
96
300
1-56

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 *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield

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.