Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032197
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 98 Primary Registration District No. 4163 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamesport — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bailey Clinic — Length of stay in 1b 6 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Coffey 0310 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS --- (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Jesse Middle Ernest Last Gotschall
4. DATE OF DEATH Month Sept. Day 17 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Sept. 23 1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Daviess Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jobe Gotschall
13b. MOTHER'S MAIDEN NAME Elizabeth ~~Lucy~~ Galbreth
14. NAME OF HUSBAND OR WIFE (Dec'd) Mayme H. Gotschall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.
17. INFORMANT Address John H. Gotschall, Gallatin, Mo.

MEDICAL CERTIFICATION

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 Uremia — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Nephrosis (Arteriosclerosis) 3 yrs.
DUE TO (c) Carcinoma of Prostatic Urethra 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446XH
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 1-58, to Sept 17-58 and last saw ~~her~~ him alive on Sept 17-58
Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) F. B. Bailey D.O.
22b. ADDRESS Jamesport Mo.
22c. DATE SIGNED 9-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-20-1958
23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery
23d. LOCATION (City, town, or county) (State) Coffey, Missouri

24. FUNERAL DIRECTOR R. O. Richerson ADDRESS Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG. 9-21-58
26. REGISTRAR'S SIGNATURE Virgie M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1958

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 L. O. Dickerson

Licensed Embalmer No. 3307

P. O. Address Gallatin