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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033395
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reddish — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Prairie View Home — Length of stay in 1b 3 mons.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN 0560 Canton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 303 Madison — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Riley Middle Dewey Last Gosney

4. DATE OF DEATH Month Day Year Sept.22,1958

5. SEX Male 6
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Apr.18,1893
9. AGE (In years last birthday) 65 — 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) Button cutter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Williamstown,Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Gosney
13b. MOTHER'S MAIDEN NAME Annie Pool
14. NAME OF HUSBAND OR WIFE Deceased

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. 493-07-1633
17. INFORMANT Address Emcie Musser,Canton,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) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) due to Gumma + Tietery
DUE TO (c) Syphilis - 026 X
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 ☐ NO ☒ 2

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 July 1958, to 22 Sept 58 and last ~~saw her~~ him alive on 20 Sept 58
Death occurred at ~~D.O.~~ 8 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W Wells D.O. 2
22b. ADDRESS Lewistown Mo
22c. DATE SIGNED 23 Sept 58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-24-58
23c. NAME OF CEMETERY OR CREMATORY Dept.of Anatomy,K.O.H.
23d. LOCATION (City, town, or county) (State) Kirksville,Adair Co.Mo.

24. FUNERAL DIRECTOR Earl H. Barkley ADDRESS Barkley Fun.Home,Canton,Mo.
25. DATE RECD. BY LOCAL REG. 9-25-'58
26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D. E.L.

(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.

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Cantonment, Mo

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.