

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001107

STATE FILE NUMBER

FEB 2 1959		Registration District No. 137		Primary Registration District No.		Registrar's No. 28	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)			
a. COUNTY Henry				a. STATE Mo. b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor				c. CITY OR TOWN Stoutland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Comm. Conv. Home				Length of stay in lb 2 mo.		d. STREET ADDRESS 1/2 mile sw of Stoutland	
3. NAME OF DECEASED (Type or print)				First Middle Last		4. DATE OF DEATH	
GRANVILLE GRANT GOUGE						Month Day Year January 25, 1959	
5. SEX Male		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 3-21-1871	
						9. AGE (In years at birthday) 87	
						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) Rt. Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Camden County Mo.	
						12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Elston Gouge				13b. MOTHER'S MAIDEN NAME Elizabeth Craft		14. NAME OF HUSBAND OR WIFE (Deceased) Sarah Victoria Woolsey	
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 Address Clifford Gouge Windsor, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Hemorrhage						2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Colon (?)						Unknown	
DUE TO (c) Polyp of Colon (?)						11	
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"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 November 1958 to Jan 25 1959		and last saw him alive on Jan 23, 1959		Death occurred at 5:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. Smith M.D.		(Degree or title)		22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 1/26/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-27-1959		23c. NAME OF CEMETERY OR CREMATORY Hugo Cemerery		23d. LOCATION (City, town, or county) (State) Hugo, Camden Missouri	
24. FUNERAL DIRECTOR Huston Funeral Home Windsor, Mo.		ADDRESS 1-31-59		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 .....

*Clifford Houge*

Licensed Embalmer No. *5014* .....

P. O. Address *Windsor, 71* .....

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.