

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015033

STATE FILE NUMBER

2 4004

FILED MAY 12 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. _____

300
1-57
0
X
0
8

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mississippi b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1024 North St.
3. NAME OF DECEASED (Type or print) First Bird Middle B Last Gossett			4. DATE OF DEATH Month April Day 23 Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8, 1879
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) retired		10b. KIND OF BUSINESS OR INDUSTRY Conductor on G.M.&O	11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Alex Gossett	
13b. MOTHER'S MAIDEN NAME Margaret White		14. NAME OF HUSBAND OR WIFE Emma Tully	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 718-05-4678	17. INFORMANT Mrs. C. L. R. Ringo Address Morganfield Ky.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Hip Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arterio sclerosis DUE TO (c) E 904.0 21			INTERVAL BETWEEN ONSET AND DEATH
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Slipped in fall in Home at Jackson, Miss. Exact date & time unknown		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Jackson	COUNTY Mississippi	STATE 823
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Simon (Dr. or Dentist)		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 24 1959	23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Jackson Mississippi
24. FUNERAL DIRECTOR C. R. Lupton and Sons ADDRESS 7233 Delmar Blv'd.		25. DATE RECD. BY LOCAL REG. APR 23 '59	26. REGISTRAR'S SIGNATURE Loal Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 2 1959

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 .. *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address, *St. Louis, 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.