

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017565

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRONTON		c. CITY OR TOWN VILLAGE CREEK	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS 4 MI. N. 2 1/2 FREDERICKTOWN	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK JOHN GOSNEY		4. DATE OF DEATH MAY 18, 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 JULY 22, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) MADISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
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 AL MCGRAW - FREDERICKTOWN, MO		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: far advanced myocarditis IMMEDIATE CAUSE (a) DUE TO (b) far advanced arterio-sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) secondary anemia, acute sinusitis			INTERVAL BETWEEN ONSET AND DEATH ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 Month, Day, Year	
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 IRONTON		COUNTY MADISON STATE MO.	
21. I attended the deceased from 5-4-59 to 5-17-59 and last saw him alive on 5-17-59 Death occurred at 8:35 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. E. Garland M.D. (Degree or title)		22b. ADDRESS Ironton, Missouri	
22c. DATE SIGNED 5-19-59			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL BURIAL		23b. DATE 5/20/59	
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) MADISON COUNTY, MO. (State)	
24. FUNERAL DIRECTOR W. Edmonson - FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. 5-23-59	
26. REGISTRAR'S SIGNATURE Mrs. Aris Jones			

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. 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 *Raymond B. Wilson* _____

Licensed Embalmer No. *48*

P. O. Address *Fredonia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.