

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 23 1960

=60-018587

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camdenton		Length of stay in 1b		c. CITY OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Camdenton, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Sherman Middle William Last Goss				4. DATE OF DEATH Month May Day 15 Year 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-20-26		9. AGE (last birthday) 34		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver			10b. KIND OF BUSINESS OR INDUSTRY truck driver		11. BIRTHPLACE (City and state or country) Camden Co., Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Ellis Goss				13b. MOTHER'S MAIDEN NAME Pearl Scholer				14. NAME OF HUSBAND OR WIFE Dorothy Goss					
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. 497-24-0119		17. INFORMANT Address Mrs. Dorothy Goss, Lebanon, Mo.								
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 Coronary Occlusion Coronary Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH Immediate Several years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. 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		COUNTY		STATE	
21. I attended the deceased from Onset a Heck-5-15-60 Death 5-15-60 and last saw him alive on 5-15-60 Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. L. Dawson, Jr. M.D. (Degree or title)						22b. ADDRESS Camdenton, Mo.			22c. DATE SIGNED 5-15-60				
23a. BURIAL-CREATION, REMOVAL (Specify) burial		23b. DATE 5-18-60		23c. NAME OF CEMETERY OR CREMATORY Lebanon				23d. LOCATION (City, town, or county) (State) Lebanon, Missouri					
24. FUNERAL DIRECTOR S. L. Ladel ADDRESS Lebanon, Mo.				25. DATE RECD. BY LOCAL REG. May 15-1960				26. REGISTRAR'S SIGNATURE Zilpha J. Irwin					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

REC FEB 21 1967

STATEMENT BY LICENSED EMBALMER

MAY 25 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Bill M. Abbott, Student Embalmer No. Permit 3

working under my personal supervision.

Student Bill M. Abbott
Signature of Student Embalmer

Signed Gene E. Hunt
Licensed Embalmer No. 4239

P. O. Address Spd 7.

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.