URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

ENDED

60-029334

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SHELBYVILLE, MO
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PLEASANT HILL REST HOME
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: SHELBY
c. CITY OR TOWN: CLARENCE, MO.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): CLARENCE, MO.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: SAMUAL Last: GOSNEY

4. DATE OF DEATH: Month: July Day: 18 Year: 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-22-1875

9. AGE (last birthday): 85

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): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER

11. BIRTHPLACE (City and state or country): SHELBY COUNTY

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JAMES GOSNEY

13b. MOTHER'S MAIDEN NAME: ALTHIRA HAGAR

14. NAME OF HUSBAND OR WIFE: ANNA CLARK GOSNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No

16. SOCIAL SECURITY NO.: No.

17. INFORMANT: NORRE GOSNEY Address: CLARENCE, 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): Cerebral vascular accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral atherosclerosis.

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 3 hours

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 June 1, 1960 to present and last saw her/him alive on July 12, 1960.
Death occurred at 11 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas A Lichty MD (Degree or title)

22b. ADDRESS: Shelbina Mo

22c. DATE SIGNED: 7/22/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: July 20 1960

23c. NAME OF CEMETERY OR CREMATORY: MAPLEWOOD CEMETERY

23d. LOCATION (City, town, or county) (State): CLARENCE, MO.

24. FUNERAL DIRECTOR: GREENING ADDRESS: CLARENCE, MO.

25. DATE RECD. BY LOCAL REG.: 8-3-60

26. REGISTRAR'S SIGNATURE: Hundardwelle M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles V. Green

Signature of Student Embalmer

Licensed Embalmer No. 462

P. O. Address Clarence

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