

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031177

FILED VS SEP 9 1960

Registration District No. 172 Primary Registration District No. 4270 Registrar's No. 75

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Rafayette</u>			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Rafayette</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dover</u>		Length of stay in 1b <u>25 years</u>	c. CITY OR TOWN <u>Higginsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. N.W. of Higginsville</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 mi. N.W. of Higginsville</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Marie</u> Last <u>Gosoroski</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>24</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 4, 1903</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Dapies</u>	11. BIRTHPLACE (City and state or country) <u>Dover, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Clifton Dooney</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Francis Mather</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Geo. Gosoroski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Joe S. Gosoroski, Higginsville, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis, Generalized</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Scirrhous carcinoma Left breast</u>					<u>2 yrs.</u>
DUE TO (c) _____					
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 checked="" 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 <u>1950</u> to <u>8/24/60</u> and last saw her <u>him</u> alive on <u>8/24/60</u> Death occurred at <u>8:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert A. Best M.D.</u>			22b. ADDRESS <u>Higginsville, Mo.</u>		22c. DATE SIGNED <u>8/25/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 26, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Catholic</u>		23d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>	
24. FUNERAL DIRECTOR <u>Wieggers-Pickhof, Higginsville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 30. 1960</u>		26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1980

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Frank Reichhof*

Licensed Embalmer No.

*4284*

P. O. Address

*Higginsville*

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.