SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-009765
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 10

FILED MAR 27 1961

1. PLACE OF DEATH
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marion

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Round Grove, Twshp. | Length of stay in 1b Lifetime

c. CITY OR TOWN R.R.#2. Ewing, Mo. | Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#2. Ewing, Mo. | Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) ------ | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: William Robert Gottreu

4. DATE OF DEATH Month Day Year: March 3,1961

5. SEX Male | 6. COLOR OR RACE White | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH 8/10/1876 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months 6 Days 23 | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | 11. BIRTHPLACE (City and state or country) Marion Co. Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Herman Gottreu | 13b. MOTHER'S MAIDEN NAME Martha J. Bettinger | 14. NAME OF HUSBAND OR WIFE Mary E. Gottreu. Dece.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address: Carl Gottreu. Ewing, 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) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
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)

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 Feb.25,1961, to Mar.3,1961 and last saw him alive on ~~2-25-61~~
Death occurred at 9:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph V. Wimp (Degree or title) Ralph V. Wimp,A.B.,B.S.,D.O.-

22b. ADDRESS Lebanile,Mo.

22c. DATE SIGNED 3-4-1

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE March 5,'61 | 23c. NAME OF CEMETERY OR CREMATORY Asbury Chapel, Cem. | 23d. LOCATION (City, town, or county) (State) R.R. Rt.#2. Ewing, Mo.

24. FUNERAL DIRECTOR ADDRESS Feaster & Garner. Philadelphia Mo. | 25. DATE RECD. BY LOCAL REG. 3-7-61 | 26. REGISTRAR'S SIGNATURE Dr. E.M. Locke, by Viola Geer Deputy

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.