

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018660

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 381

Primary Registration District No. _____

Registrar's No. 30

FILED MAY 24 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DONIPHAN</u>		c. CITY OR TOWN <u>DONIPHAN</u>	
Length of stay in 1b <u>12 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RIPLEY COUNTY MEM. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>407 CHERRY</u>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>THOMAS</u> Last <u>GOMER</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>26</u> Year <u>1961</u>	
5. SEX <u>MALE</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>10/9/69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	9. AGE (last birthday) <u>92</u>
11. BIRTHPLACE (City and state or country) <u>FRANKLIN COUNTY ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD W. GOMER</u>		13b. MOTHER'S MAIDEN NAME <u>PARTHENA TATE</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>		14. NAME OF HUSBAND OR WIFE <u>LAURA GOMER</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>LAURA GOMER</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>Cerebrovascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
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.)		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	
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 checked="" 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>Jan 1, 1961</u> to <u>March 26, 1961</u> last saw him alive on <u>March 26, 1961</u> Death occurred at <u>5:00 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William Bennett MD</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	
22c. DATE SIGNED <u>5/10/61</u>		23a. LOCATION (City, town, or county) (State) <u>RIPLEY COUNTY MISSOURI</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAR. 27, '61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEMET.</u>		23d. LOCATION (City, town, or county) <u>RIPLEY COUNTY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME - DONIPHAN, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-8-61</u>	
ADDRESS <u>Doniphan, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>	

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 Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Keylor,

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.