OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=61-022196
STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 39

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY: Putnam	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Elm Township — Length of stay in 1b: 11 yrs.	c. CITY OR TOWN: Novinger — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8 miles west of Greentop — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location): 8 miles west of Greentop — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: Ethel Edna Gould			4. DATE OF DEATH Month / Day / Year: June 18, 1961		
5. SEX: female	6. COLOR OR RACE: white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 1/28/1891	9. AGE (last birthday): 70	IF UNDER 1 YEAR: Months 4, Days 20; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: house keeping		11. BIRTHPLACE (City and state or country): Greentop, Mo.	12. CITIZEN OF WHAT COUNTRY: U. S. A.	
13a. FATHER'S NAME: Andrew Briddle	13b. MOTHER'S MAIDEN NAME: Mary Willis		14. NAME OF HUSBAND OR WIFE: J. R. Gould		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: none		17. INFORMANT Address: J. R. Gould - R.R. #3, Novinger, 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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

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

DUE TO (b): arteriosclerosis & hypertension — Years

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had coronary infarction in Jan 60

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 Jan 4-60, to June 18-61 and last saw her alive on June 18-61

Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L Judd DO	22b. ADDRESS: Unionville Mo	22c. DATE SIGNED: 6-19-61	
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 6/20/1961	23c. NAME OF CEMETERY OR CREMATORY: Greentop Cemetery	23d. LOCATION (City, town, or county) (State): Greentop, Mo.
24. FUNERAL DIRECTOR ADDRESS: Dee Riley Funeral Home, Inc., Kirksville, Mo. W. K. Jackson, Pres.	25. DATE RECD. BY LOCAL REG.: 6-20-1961	26. REGISTRAR'S SIGNATURE: Marvell Durbin	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

SHOULD READ

ITEM NO.

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_____ Signed Kenneth E. Hope

Signature of Student Embalmer

Licensed Embalmer No. 4890

P. O. Address Kirksville, M

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.