

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=61-040298**

**FILED NOV 20 1961**

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 46

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hamilton</u>		Length of stay in lb <u>18 yrs</u>	c. CITY OR TOWN <u>Hamilton</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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emery Middle Lee Last Gotschall 4. DATE OF DEATH Month Nov. Day 11 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11/20/90 9. AGE (last birthday) 70 yrs 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 & truck driver 10b. KIND OF BUSINESS OR INDUSTRY Self-empl. 11. BIRTHPLACE (City and state or country) Amity, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME William S. Gotschall 13b. MOTHER'S MAIDEN NAME Anna Robison 14. NAME OF HUSBAND OR WIFE Audra Gotschall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1917 1919 16. SOCIAL SECURITY NO. 17. INFORMANT Address Audra Gotschall, Hamilton, 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) cerebral hemorrhage  
DUE TO (b) Atherosclerosis  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH 12 hrs

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  N.  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 Nov. 9 - 1961 to Nov. 11, 1961 and last saw him alive on Nov. 11, 1961 Death occurred at 6 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard R. Brock M.D. 22b. ADDRESS Hamilton Mo 22c. DATE SIGNED 11/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/13/61 23c. NAME OF CEMETERY OR CREMATORY King City 23d. LOCATION (City, town, or county) (State) King City, Missouri

24. FUNERAL DIRECTOR ADDRESS Roland D. Clark King City, Mo 25. DATE RECD. BY LOCAL REG. Nov 18 - 61 26. REGISTRAR'S SIGNATURE Thelma Jones

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DEC 5 1961

NOV 20 1961

**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 Roland D Clark

Licensed Embalmer No. 4477

P. O. Address King City

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.