MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-005344
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 76

FILED MAR 12 1962

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in Ib: 2 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Laughlin Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN: Edina
Inside Limits: Yes ☐ X No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First DORA Middle EMMA Last GOSNEY
4. DATE OF DEATH: Month Mar Day 3, Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 25July1879
9. AGE (last birthday): 82
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Knox County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Wm. Walter
13b. MOTHER'S MAIDEN NAME: Mary Ewalt
14. NAME OF HUSBAND OR WIFE: John Wm Gosney
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.: lost
17. INFORMANT: Mrs. Pharris Goodwin Address: Edina, 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): Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, Metabolic Acidosis.
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 3-1-62, to 3-3-62 and last saw (her) (him) alive on 3-3-62
Death occurred at 4:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title): Richard P. Valuck, D.O.
22b. ADDRESS: Laughlin Hospital, Kirksville, Mo.
22c. DATE SIGNED: 3-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6 Mar 1962
23c. NAME OF CEMETERY OR CREMATORY: Knox City Cemetery
23d. LOCATION (City, town, or county) (State): Knox City, Mo
24. FUNERAL DIRECTOR: HUDSON-RIMER FUNERAL HOME ADDRESS: Edina, Mo
25. DATE RECD. BY LOCAL REG.: Mar. 5, 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

RICHARD P. VALUCK, D.O.

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 [signature]

Licensed Embalmer No. 5041

P. O. Address Edina, 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.