

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026352

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 5204 Registrar's No. 87

FILED AUG 14 1962

1. PLACE OF DEATH
 a. COUNTY **Carroll**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Bosworth Rockford** Length of stay in 1b **37yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Carroll**
 c. CITY OR TOWN **Bosworth** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4M.N.E. Bosworth MO** Reside on Farm Yes No

3. NAME OF DECEASED
 First **Travis** Middle **LaNier** Last **Gosnell**
 (Type or print name)
 4. DATE OF DEATH **August 10 1962** Month **August** Day **10** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH **8-10-1925** 9. AGE (last birthday) **37**
 IF UNDER 1 YEAR Months **11** Day **7** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY **"**
 11. BIRTHPLACE (City and state or country) **Bosworth MO** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William F. Gosnell** 13b. MOTHER'S MAIDEN NAME **Nita Winfrey** 14. NAME OF HUSBAND OR WIFE **Joan Gosnell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) **Yes War II** 16. SOCIAL SECURITY NO. **War II** 17. INFORMANT Address **Mrs. Joan Gosnell Bosworth MO**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Accidental drowning**
 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) _____ 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.) **Drowning in deep water in Grand River**

20c. TIME OF INJURY Hour **12:30** Month **Aug.** Day **10** Year **62**
 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.) **Grand River** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **P.R. Bosworth Carroll MO**

21. I attended the deceased from **at death (Coroner call)** and last saw her alive on _____
 Death occurred at **12:30 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Edward H. Smith Sr. Coroner Carroll Co. Mo** 22b. ADDRESS **1079 1/2 St. Carrollton, Mo** 22c. DATE SIGNED **8-10-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8-12-1962** 23c. NAME OF CEMETERY OR CREMATORY **Wharton** 23d. LOCATION (City, town, or county) (State) **4m.S.E. Bosworth MO**

24. FUNERAL DIRECTOR **Leopard-Edwards** ADDRESS **Bosworth MO** 25. DATE RECD. BY LOCAL REG. **8-12-1962** 26. REGISTRAR'S SIGNATURE **Will Moore Reg.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
 0170
 20170
 3
 4 0
 5 1
 6
 7 0
 8 2
 99298
 10 42
 11 017
 12 91.3
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 16 1962

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

David J. Edwards

Licensed Embalmer No. 3265

P. O. Address

Bosworth, Me

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.