

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7808

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 241 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural; Madison Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural; Madison Twp <u>02500</u>	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 8 Mi S.E. of Stockton, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) ARMINTA	b. (Middle) JANE	c. (Last) GOTHARD	4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH Oct. 18, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Dallas County <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Harmon	13b. MOTHER'S MAIDEN NAME Elizabeth J. Dawson	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME ADDRESS Frank Gothard, Stockton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 da.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Caecum months DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 3-12, 1951, to 3-16, 1951, that I last saw the deceased alive on 3-18, 1951, and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Bricker, M.D.	23b. ADDRESS Stockton Mo	23c. DATE SIGNED 3-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>0</u>	24b. DATE 3/24/51	24c. NAME OF CEMETERY OR CREMATORY Shady Grove	24d. LOCATION (City, town, or county) (State) Cedar County, Missouri
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DATE REC'D BY LOCAL REG. 3-31-51	REGISTRAR'S SIGNATURE Geneva Garrison	54	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John A. Cantlon Stockton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2003 / 1

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 5 1951

Dist File 437-712

Date Filed 4-3-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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 this body is not embalmed, fact should be so stated above.