

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23423**
Registrar's No. **147**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 21 yrs		d. STREET ADDRESS (If rural, give location) 421 Fall St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) ---	c. (Last) GOULD	4. DATE OF DEATH (Month) (Day) (Year) July 19, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 24, 1876	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 6 Days 25	11. IF UNDER 24 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 at home	11. BIRTHPLACE (State or foreign country) Kingston, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Magee	13b. MOTHER'S MAIDEN NAME Jennie ---	14. NAME OF HUSBAND OR WIFE Everett R. Gould
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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 E.R. Gould	ADDRESS 421 Fall, Carthage, 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 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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) (Min.)	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 **7/8/1919**, to **7/19/1951**, that I last saw the deceased alive on **7/18/1951**, and that death occurred at **7 a m.**, from the causes and on the date stated above.

23a. SIGNATURE Kenneth H. Brunner (Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 7-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-21-1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 7-20-51	REGISTRAR'S SIGNATURE L.B. Clutter MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-25-51

Jasper County Health Office

County File Number 51/7/592

Date Filed 7-25-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.