

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5002
730

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN KANSAS CITY UNK		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, MO		d. STREET ADDRESS (If rural, give location) UNK 3008	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSP		3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) _____ c. (Last) GOSSARD		4. DATE OF DEATH (Month) (Day) (Year) 2 9 52			
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNK	8. DATE OF BIRTH MAR 1897	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CHAMBERSBURG PENN		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME JOHN W GOSSARD			13b. MOTHER'S MAIDEN NAME SUSAN LUCKET		14. NAME OF HUSBAND OR WIFE UNK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS ERNEST GOSSARD PICKERING MO.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 74-5	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no relatives to sign P. Permit				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens 3 (Degree or title)				23b. ADDRESS 1034 Realto Bldg		23c. DATE SIGNED 2-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REM		24b. DATE 2-18-52		24c. NAME OF CEMETERY OR CREMATORY FT LEAVENWORTH NTL		24d. LOCATION (City, town, or county) (State) LEAVENWORTH KANS	
DATE REC'D BY LOCAL REG. 2-16-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO		ADDRESS CITY	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1942
8

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 *Russell N. Francis*

Licensed Embalmer No. *4255*

P. O. Address *K.E. 2nd*

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.