S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7057

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 40

1082
0

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEVEDA
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEVADA CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEVADA 1082 0
d. STREET ADDRESS (If rural, give location): 604 WEST WALNUT STREET

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): OTTO
c. (Last): GOTSCHALL

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) '52

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-8--1894
9. AGE (In years last birthday): 57 — If under 1 year: Months 11, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAUNDRYMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): COFFEY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JOBE GOTSCHALL
13b. MOTHER'S MAIDEN NAME: ELIZABETH M. GALBREATH
14. NAME OF HUSBAND OR WIFE: MARY D. GOTSCHALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mary D. Gotschall, ADDRESS: Nevada Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: several hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary artery sclerosis

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: 4201
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-22, 1952 *to* 2-22, 1952 *that I last saw the deceased alive on* 2-27, 1952 *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Basta Davis, MD
23b. ADDRESS: Nevada, Mo.
23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-2--1952
24c. NAME OF CEMETERY OR CREMATORY: WELBORN CEMETERY
24d. LOCATION (City, town, or county) (State): Near McVille, Missouri

DATE REC'D BY LOCAL REG.: 3-5-1952
REGISTRAR'S SIGNATURE: Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE: Allen V. Hays, ADDRESS: Nevada Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen W. Hays

Licensed Embalmer No. 1868

P. O. Address Nevada 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.