

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12045**

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs 3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>5726 Tennessee Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>			

3. NAME OF DECEASED a. (First) <u>Helen</u> b. (Middle) _____ c. (Last) <u>Gould</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1952</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>12-17-1876</u>		9. AGE (in years last birthday) <u>75</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Mins _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife retired at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Crawford Co Mo</u>				11. BIRTHPLACE (State or foreign country) <u>Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>America</u>			
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13a. FATHER'S NAME <u>John Black Massie</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Todd</u>				14. NAME OF HUSBAND OR WIFE <u>William Gould</u>			
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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) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>74</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Lawrence M. D.</u>				ADDRESS <u>State Hospital # 2</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cranthumor on left side of brain</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> <u>3 yrs +</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Senile deterioration</u> <u>3 yrs +</u> Conditions contributing to the death but not related to the disease or condition causing death.									
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 1, 1952, to 4-12, 1952, that I last saw the deceased alive on 4-12, 1952, and that death occurred at 4 Pm m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Lawrence M. D.</u>				23b. ADDRESS <u>State Hospital # 2</u>				23c. DATE SIGNED <u>4-12-1952</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
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DATE REC'D BY LOCAL REG. <u>April 15, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>				ADDRESS <u>St. Joseph, Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....
Student Embalmer

Signed

John E. Ruff

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.