

FILED DEC 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42589

REG 3213

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JASPEY				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission): a. STATE Missouri b. COUNTY JASPEY					
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 42 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0475			
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 PENN.				d. STREET ADDRESS (If rural, give location) 206 PENN					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) SIKE		c. (Last) GOULD.		4. DATE OF DEATH (Month) (Day) (Year) 12. 3. 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.		8. DATE OF BIRTH 4/7/1885.	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Cab Operator Retired.		10b. KIND OF BUSINESS OR INDUSTRY Retired.		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME No Record			13b. MOTHER'S MAIDEN NAME No Record.		14. NAME OF HUSBAND OR WIFE DINAH GOULD.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No 490-20-2469		17. INFORMANT'S SIGNATURE OR NAME Mrs Dinah Gould					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vasc. Disease with initial Regurg. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accompagnated 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 2 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 Sept , 1952, to Dec 1 , 1952, that I last saw the deceased alive on Dec 1 , 1952, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. L. Cranford M.D.				23b. ADDRESS Joplin Mo.		23c. DATE SIGNED 12-5-52			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE 12/5/1952		24c. NAME OF CEMETERY OR CREMATOR OSBORNE MEM		24d. LOCATION (City, town, or county) (State) Joplin Mo			
DATE REC'D BY LOCAL REG. 12-6-52		REGISTRAR'S SIGNATURE James 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WALTER BUT CLOVER MORTUARY. Joplin Mo					

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

RECEIVED 12-15-52
Jasper County Health Office

County File Number 52/12/968

Date Filed 12-15-52

JAN 20 1953

JAN 27 1953

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

Charles M. Dungey

Licensed Embalmer No. 3566

P. O. Address Joplin 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.