

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8587

State File No.

FILED MAR 4 - 1953

BIRTH NO.

REG. DIST. NO. 372

PRIMARY REG. DIST. NO. 4543

Registrar's No. 5

| | | | | | | | | | | | |
|---|--|--|---|---|--------------------------|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Seymour T.W.N | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Seymour Mo T.W.N | | d. STREET ADDRESS (If rural, give location) 1120 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) NETTIE | | | b. (Middle) JANE | | c. (Last) GOSS | | 4. DATE OF DEATH (Month) (Day) (Year) 2-23-53 | | | | |
| 5. SEX F. | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH 3-1-1875 | | 9. AGE (In years last birthday) 77 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE | | 11. BIRTHPLACE (State or foreign country) SPRINGFIELD MO. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13a. FATHER'S NAME WILLIAM JOHNS | | | 13b. MOTHER'S MAIDEN NAME MARGARET PATE | | | 14. NAME OF HUSBAND OR WIFE FRANK GOSS | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME FRANK GOSS SEYMOUR MO. | | | | ADDRESS | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES many infected trophic ulcers Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malnutrition DUE TO (c) Bedfast from broken hip of years ago. | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 715X | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 1-13 , 19 53 , to 2-23 , 19 53 , that I last saw the deceased alive on 2-20 , 19 53 and that death occurred at 250A m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE E. G. Bees | | | | (Degree or title) | | 23b. ADDRESS Seymour Mo. | | 23c. DATE SIGNED 2-25-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 2-25-53 | | 24c. NAME OF CEMETERY OR CREMATORY SEYMOUR | | 24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO. | | | | | |
| DATE REC'D BY LOCAL REG. 2-28-53 | | REGISTRAR'S SIGNATURE Gilbert Jones | | 343- | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert Bergman | | | | | |
| | | | | | | ADDRESS Seymour Mo | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 13 1953

MAR 11 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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Monrovia 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.