

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13809

State File No. \_\_\_\_\_

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-St. John's</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-St. John's</u>	
c. LENGTH OF STAY (in this place) <u>74 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R R #2 Clover Bottom, Mo.</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#2 Clover Bottom, Mo.</u>	

3. NAME OF DECEASED a. (First) <u>John Anthony</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Gomoluh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clover Bottom, Mo.</u>	
13a. FATHER'S NAME <u>Joseph Gomoluh</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanore Neuman</u>		14. NAME OF HUSBAND OR WIFE <u>Hedwig Gomoluh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John R. Gomoluh, R.R.#2 Washington, Mo.</u>	

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				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Arteriosclerotic C-V Disease</u> ? years				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>old age</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>none</u>				
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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)	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 <u>21 Apr 1953</u> , to <u>21 Apr 1953</u> , that I last saw the deceased alive on <u>21 Apr 1953</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>Raymond J. Boyce, M.D.</u> (Degree or title)	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>22 Apr 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Clover Bottom, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>April 22, 1953</u>	REGISTRAR'S SIGNATURE <u>F.L. Hedman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Neuburg &amp; Bell</u>
(Licensed Embalmer's Statement on Reverse Side)		

**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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

**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.