

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26630

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>238</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: rankroom before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>Holds Motel Suite 5444</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Bostel Peter Hosp</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>VASPER</u> b. (Middle) <u>HAMPTON</u> c. (Last) <u>GOSNEY</u>			4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>9</u> (Year) <u>54</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 8, 1884</u>		9. AGE (In years, last birthday) <u>70</u> Months <u>8</u> Days <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trailer Man</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Gosney</u>		13b. MOTHER'S MAIDEN NAME <u>Bele Dawson</u>		14. NAME OF HUSBAND OR WIFE <u>widowed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. E. Percival</u> ADDRESS <u>Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory - Renal Failure</u>		DUE TO (b) <u>Coronary Thrombosis</u>				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertension</u>				<u>4 yrs</u>	
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		20. AUTOPSY? <u>NO</u>			
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 <u>Aug 23</u> , 19 <u>54</u> , to <u>Sept 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>54</u> , and that death occurred at <u>7:22 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Eugene E. Roberts</u> (Degree or title)				23b. ADDRESS <u>2616 E. High Jefferson City</u>		23c. DATE SIGNED <u>Sept 9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>September 11</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eugene Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Mo.</u>	
DATE REC'D BY LOCAL REG <u>Sept 10-1954</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Anderson-Jama Funeral Home</u> ADDRESS <u>Jefferson City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1954

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 Raymond N. Martin  
Licensed Embalmer No. 4150

P. O. Address Jefferson City, 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.