

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26701

State File No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>4163</u>		Registrar's No. <u>85</u>			
1. PLACE OF DEATH a. COUNTY <u>Wasson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wasson</u>					
b. CITY OR TOWN <u>Jamesport</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY OR TOWN <u>Jamesport</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0310</u>					
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>			a. (First) _____		b. (Middle) <u>W</u>		c. (Last) <u>GOTT</u>		
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>1</u>		(Year) <u>1954</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 26-1884</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jamesport, Mo.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business (Retired) Recreation Park</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Joseph Gott</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Gowdy</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Gott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-22-8596A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Gott</u> ADDRESS <u>Jamesport, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rt humerus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left scapula & fourth rib left</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>196X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 18 months</u>	
19a. DATE OF OPERATION <u>7-27-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bisphary Rt humerus (Carcinoma - Squamous)</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) _____ 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 <u>July 31, 1954</u> , to <u>Aug 31, 1954</u> , that I last saw the deceased alive on <u>Aug 31, 1954</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank K. Wilson, MD</u> (Degree or title) _____				23b. ADDRESS <u>Winstow, Mo.</u>		23c. DATE SIGNED <u>9-8-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-10-54</u>		REGISTRAR'S SIGNATURE <u>Rugene M. Engelbert</u>		FEDERAL DIRECTOR'S SIGNATURE <u>O. L. Roberson</u>		ADDRESS <u>Jamesport mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *O. L. Roberson*.....

Licensed Embalmer No. *32*.....

P. O. Address *Jamaica*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.