

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 23 1954

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Mo</u>		c. CITY OR TOWN <u>Pierce City Mo</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's</u>		e. STREET ADDRESS (If rural, give location) <u>Walnut St. 0525^o</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>PAULINE</u> c. (Last) <u>GOSAWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-14-1954</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2-5-1873</u>		9. AGE (In years last birthday) <u>81</u> UNDER 1 YEAR Months <u>7</u> Days <u>9</u> IF UNDER 1 MONTH Hours <u>1</u> Min. <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John A. Seibert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Gosaway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Levith Seibert Pierce City Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		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 <u>331X</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 March 16, 1952 to Sept 14, 1954, that I last saw the deceased alive on Sept 14, 1954, and that death occurred at 7:45P m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>		23b. ADDRESS <u>Pierce City, MO</u>		23c. DATE SIGNED <u>9-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Glenn, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>9-17-54</u>		REGISTRAR'S SIGNATURE <u>Katherine Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Bros Pierce City Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

00510

DARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 954-104

DATE REC. 9-22-54

OCT 4 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 Edwin Wilks, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 410

P. O. Address Purcell

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.