

7519

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED APR 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>5782</u>		Registrar's No. <u>117</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY OR TOWN <u>Shawnee Township</u>				c. CITY OR TOWN <u>Cape Girardeau</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0/160</u>		
c. LENGTH OF STAY (In this place) <u>Life</u>				e. STREET ADDRESS (If rural, give location) <u>Shawnee Township Route #1</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #1, Shawnee Township</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hettie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Gohn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 4, 1886</u>		
				9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		
				IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Her own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Neelys Landing, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Christ Kilbourn</u>			13b. MOTHER'S MAIDEN NAME <u>Adaline McClark</u>			14. NAME OF HUSBAND OR WIFE <u>Kelly Gohn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kelly Gohn, Cape Girardeau, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> <u>(a) Diabetic neuropathy</u> <u>Cord bladder</u> <u>(b) Diabetic gangrene - left foot</u> <u>Coronary artery disease</u> <u>Cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</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>7-5-</u> 19 <u>49</u> , to <u>3-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan. 29, 1955</u> , and that death occurred at <u>4:45 p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles R. Wilson M.D.</u>				23b. ADDRESS <u>714 Broadway - Cape Gir., Mo.</u>		23c. DATE SIGNED <u>3-22-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>43</u> <u>Mar. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3/29/55</u>		REGISTRAR'S SIGNATURE <u>Paul H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Haman</u> ADDRESS <u>Cape Girardeau 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..... *L. L. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.