

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 517

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 107			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) LIFE		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 733 N. Spanish ST				e. STREET ADDRESS (If rural, give location) 733 N Spanish St. 01670					
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle)		c. (Last) Goza		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19. 1956		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH June. 22. 1906		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International Co		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Goza			13b. MOTHER'S MAIDEN NAME Henryetta Vogelsang			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ed Goza			ADDRESS Chaffee Mo	
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) Cirrhosis of the liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5810				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 1/17, 1956 to 1/19, 1956, that I last saw the deceased alive on 1/17, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J.A. Kernis, M.D.				23b. ADDRESS Cape Girardeau, Mo			23c. DATE SIGNED 1/21/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21. 1956		24c. NAME OF CEMETERY OR CREMATORY Lormier Cent		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo			
DATE REC'D BY LOCAL REG. 1-30-56		REGISTRAR'S SIGNATURE G. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE J. A. Kernis		ADDRESS Cape Girardeau Mo			

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. J. Hansen

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.