

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19368

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>IRWIN</u>	
c. LENGTH OF STAY (in this place) <u>6 YRS</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>MANLOVE REST HOME</u>			
e. STREET ADDRESS (If rural, give location) <u>006 1</u>			

3. NAME OF DECEASED (Type or Print) <u>CORA</u>		a. (First)		b. (Middle)		c. (Last) <u>GOSSETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 1 1875</u>		9. AGE (In years last birthday) <u>80</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 <u>Widow</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SEYMOUR INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME <u>L. E. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVER M. GOSSETT</u>		IF UNDER 1 YEAR Months Days Hours Min.			

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 <u>Mrs Robert Switzer</u>		ADDRESS <u>Irishwood Mo.</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension - cardiac renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>		<u>10 yrs.</u>	
		DUE TO (c)			
		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>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July, 1950, to May 27, 1956, that I last saw the deceased alive on 5-26, 1956, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Nevada</u>		(Degree or title) <u>W. D. Nevada</u>		23b. ADDRESS <u>VERNON CO MO</u>		23c. DATE SIGNED <u>5-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SHELDON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VERNON CO MO</u>	

DATE REC'D BY LOCAL REG. <u>6-1-1956</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Bernard Beery Sheldon Mo.</u>		ADDRESS	
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(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 *J. Bernard Burns*.....

Licensed Embalmer No. *44*

P. O. Address *Sheldon*

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.