

FILED AUG 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27297

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>142</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place) <u>337 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patoka City</u>		1000			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospt</u>				d. STREET ADDRESS (If rural, give location) <u>10409 EAST 40th STREET</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>			b. (Middle) <u>Isabel</u>		c. (Last) <u>Gossard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 8 56</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 8, 1877</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months   Days IF UNDER 1 HR.: 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>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Glenwood, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Edgar Bice</u>			13b. MOTHER'S MAIDEN NAME <u>MARY FREEMAN</u>			14. NAME OF HUSBAND OR WIFE <u>John T. Gossard</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>---</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS. <u>MIS ELSIE GOSSARD 3017 KENSINGTON KANSAS CITY, 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>Pneumonia</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) <u>Renovascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 6, 1955</u> , to <u>Aug 8, 1956</u> , that I last saw the deceased alive on <u>Aug 8, 1956</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Clair L. Johnson M.D.</u>				23b. ADDRESS <u>Johnson County, Mo</u>		23c. DATE SIGNED <u>8-8-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALTOONA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>6 MILES EAST OF ADRAIN, MO.</u>			
DATE REC'D BY LOCAL REG. <u>8-9-56</u>		REGISTRAR'S SIGNATURE <u>M. B. Longford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer Sons</u>		ADDRESS <u>1351 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1955

JUN 28

**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 .....  
Student Embalmer

Signed.....

*Robert Ray*

Licensed Embalmer No. ....

4182

P. O. Address .....

K. C., Mo.

**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 this body is not embalmed, fact should be so stated above.