

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31738

STATE FILE NUMBER

FILED SEP 17 1956

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 232

Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Filed & held for signature & signature

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedelia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kelly Hotel</u>		Length of stay in 1b	d. STREET ADDRESS <u>507 W. 7th.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JOHN</u> <i>First</i> <u>WHEATON</u> <i>Middle</i> <u>GOTTSCHAMER</u> <i>Last</i>			4. DATE OF DEATH <u>Aug. 22nd-1956</u> <i>Month Day Year</i>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 10th-1897</u>	9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music Store</u>	11. BIRTHPLACE (City and state or country) <u>St Paul, Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>JSA</u>
13. FATHER'S NAME <u>Silas J. Gottschamer</u>			14. MOTHER'S MAIDEN NAME <u>Julia Cordel</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>474-07-0278</u>	17. INFORMANT <u>Mrs. Esther Gottschamer, Sedelia, Mo.</u> <i>Address</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>arteriosclerotic coronary artery</u>
					DUE TO (c) <u>obstruction</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY <u>Hour, Month, Day, Year</u> <u>a. m. p. m.</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>on Aug 15 '56 only</u> and last saw <u>her</u> alive on <u>Aug 15 '56</u> Death occurred at <u>her residence</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or print) <u>Clarence Clark</u>			22b. ADDRESS <u>Moberly Mo</u>		22c. DATE SIGNED <u>Aug 25 '56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-24-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Sedelia, Mo.</u>
24. FUNERAL DIRECTOR <u>Mahan and Son</u>		ADDRESS <u>Moberly, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 24-56</u>	26. REGISTRAR'S SIGNATURE <u>Robert Lowe</u>

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 *Raymond F. Hoeman*

Licensed Embalmer No. *42*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F) 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.