No. 300
10.48

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1698

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Jasper
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): North Main Street

0490

3. NAME OF DECEASED (Type or Print)
a. (First): Gilbert
b. (Middle): Roe
c. (Last): Goss

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1884
9. AGE (In years last birthday): 72 — 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): produce dealer
10b. KIND OF BUSINESS OR INDUSTRY: retail and wholesale
11. BIRTHPLACE (City and State or Foreign Country): LaRussell, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Nathaniel Goss
13b. MOTHER'S MAIDEN NAME: Mary Roe
14. NAME OF HUSBAND OR WIFE: Eula Elizabeth Capps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497-38-1751
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Thurman Wooten, Sarcoxie, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Fatal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
There was bleeding from the nose due to falling forward

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did, 19 not, to attend, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Clement MD Coroner Jasper County
23b. ADDRESS: First Nat'l Bldg Joplin Mo
23c. DATE SIGNED: 1-8-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-4-57
24c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County, Mo.

DATE REC'D BY LOCAL REG.: 1-10-57
REGISTRAR'S SIGNATURE: E M Clinton
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Martin Selvey Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

139-C

County

Date Filed JAN 1 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lawson L. Sharp

Licensed Embalmer No. 492

P. O. Address Jasper, Ma

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