

FILED APR 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

8415

Registration District No. 132 Primary Registration District No. 4202 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spickard			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Spickard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				First Cleo	Middle	Last Gose	4. DATE OF DEATH Mar. 29 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec 10 1892		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mercer Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Jejj Gose				14. MOTHER'S MAIDEN NAME Christine Ann Clemens				
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. 488-14-7456	17. INFORMANT Alta Persell Spickard Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Obstruction of bile duct							INTERVAL BETWEEN ONSET AND DEATH 4 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 586 x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 Hour a. m. p. m.								
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 March 28, 1957 , to March 29, 1957 and last saw her alive on March 25, 1957 . Death occurred at I:00p on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) David M. Weller M.D. 0				22b. ADDRESS 1300 main Trenton Mo.			22c. DATE SIGNED Mar. 30, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial		Mar 31 1957	Half Rock Cemetery		Half Rock		Mo.	
24. FUNERAL DIRECTOR Schooler Funeral Home Spickard Mo.				25. DATE RECD. BY LOCAL REG. 3-31-57		26. REGISTRAR'S SIGNATURE Gene Fair		

(Licensed Embalmer's Statement on Reverse Side)

all, health, public, service

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-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Cross Wise*

Licensed Embalmer No. *371*

P. O. Address *Spickard 9*

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.