Health, & Welfare Public Service

S. 300
. 1-56

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11911
STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY WRIGHT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANSFIELD — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MANSFIELD — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WRIGHT
c. CITY OR TOWN HARTVILLE 1140 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle HOLLIS Last GOSWICK
4. DATE OF DEATH Month 3 Day 7 Year 57
5. SEX M.
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-14-1880
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days 21 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) WRIGHT CO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MARION GOSSWICK
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Lee Moody HARTVILLE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocardial insufficiency — 6 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 1950, to March 7 1957 and last saw her/him alive on Mar 7, 1957
Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Newton O Mansfield D.O. 2
22b. ADDRESS Mansfield, MO
22c. DATE SIGNED 3/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-9-57
23c. NAME OF CEMETERY OR CREMATORY Steele Mem.
23d. LOCATION (City, town, or county) (State) HARTVILLE, MO.

24. FUNERAL DIRECTOR John S. Simpson ADDRESS
25. DATE RECD. BY LOCAL REG. 3/12/57
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED 3-25-57
WRIGHT CO. HEALTH DEPT.
County File Number 95 7-24
Date Filed 3-25-57

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Lee Mason

Licensed Embalmer No. 456

P. O. Address Hartville,

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