. Health,
& Welfare
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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

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11932

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes X No ☐	c. CITY OR TOWN Kirksville 0013 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Laughlin Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1409 South Lewis St — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Martin — Middle Luther — Last Gosser

4. DATE OF DEATH: Month Apr. Day 11, Year 1957

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED X ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 13, 1885

9. AGE (In years last birthday): 71 — 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): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Schuyler County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion B. Gosser

14. MOTHER'S MAIDEN NAME: Elizabeth Rebecca Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO.: 492-40-6941 A

17. INFORMANT — Address: Edna Loe Gosser, Kirksville, 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) Malignant Meningioma — INTERVAL BETWEEN ONSET AND DEATH 2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —

DUE TO (c) —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 193X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 7-20-56, to 4-1-57 and last saw him alive on 4-1-57

Death occurred at 7:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. T. Rhoads DO 2

22b. ADDRESS: Kirksville, Mo.

22c. DATE SIGNED: 4-13-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/14/57

23c. NAME OF CEMETERY OR CREMATORY: Queen City Cemetery

23d. LOCATION (City, town, or county) (State): Queen City, Mo.

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.: 4-13-1957

26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

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(Licensed Embalmer's Statement on Reverse Side)

APR 3 1957

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 Kenneth R. Wagles.....

Licensed Embalmer No. 4890

P. O. Address Kirkwood, M

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.