

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34602**

BIRTH NO.		REG. DIST. NO. 353	PRIMARY REG. DIST. NO. 6196	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) Licking		c. LENGTH OF STAY (in this place) 11 mo	c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Ida May Gouge		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Aug 19, 1957		5. SEX F		
6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 19, 1878
9. AGE (In years) (Months) (Days) (Hours) (Min.) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Burfordville Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Gus Campbell		13b. MOTHER'S MAIDEN NAME Mary E. Hattle		14. NAME OF HUSBAND OR WIFE J. R. Gouge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J. R. Gouge
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary & cardiac arrest ANTECEDENT CAUSES DUE TO (b) cerebral thrombosis DUE TO (c) Cardiovascular renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 442X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug 1, 1957 , to Aug 19, 1957 , that I last saw the deceased alive on Aug 18, 1957 , and that death occurred at 12:45 m., from the causes and on the date stated above.				
23a. SIGNATURE B. J. Myers DO		23b. ADDRESS Licking, Mo.		23c. DATE SIGNED 9-18-57
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Licking, Mo		24e. LOCATION (City, town, or county) (State) Licking, Mo		
DATE REC'D BY LOCAL REG Sept. 11, 1957		REGISTRAR'S SIGNATURE Mrs. Tolson		25. FUNERAL DIRECTOR'S SIGNATURE Smith Ferguson
				ADDRESS Licking, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

24
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323

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 *Hubert E. Ferguson*

Licensed Embalmer No. *39*

P. O. Address *Fickling*

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

Hubert E. Ferguson