

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021748
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>West Plains</i> ⁰⁴⁶¹ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>503 Locust</i>		Length of stay in lb <i>65 yrs</i>	
d. STREET ADDRESS <i>503 Locust</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Henry Melvin Gott</i> First Middle Last			4. DATE OF DEATH <i>6-24-58</i> Month Day Year
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-2-1873</i>
9. AGE (In years last birthday) <i>83</i>		IF UNDER 1 YEAR Month <i>4</i> Days <i>22</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Miller</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (City and state or country) <i>Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Benj. F. Gott</i>	
13b. MOTHER'S MAIDEN NAME <i>unk.</i>		14. NAME OF HUSBAND OR WIFE <i>Dessie L. Gott</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>Dessie L. Gott</i> Address <i>West Plains, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>30-30 days -</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Rt. ventricular congestive heart failure.</i>			<i>30 days.</i>
DUE TO (c) <i>Senility without dementia.</i>			<i>-</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>			
20d. INJURY OCCURRED WHILE AT <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 <i>May 23, 1958</i> to <i>June 24, 1958</i> and last saw ^{him} alive on <i>6/24/58</i> Death occurred at <i>12:45 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Virgil Bailey D.O.</i> (Degree or title) <i>2</i>		22b. ADDRESS <i>West Plains, Mo.</i>	22c. DATE SIGNED <i>6/29/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-25-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Howell Valley</i>	23d. LOCATION (City, town, or county) (State) <i>West Plains Mo.</i>
24. FUNERAL DIRECTOR <i>Robertson's</i> ADDRESS <i>West Plains Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7-10-58</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W. Robertson*

Licensed Embalmer No. *3432*
P. O. Address. *West Plains*

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