

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040614
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 178 Primary Registration District No. 5660 Registrar's No. 84

300 4
1-57

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DICKERSON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>STEFFENVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PRAIRIE VIEW R.H.</u>		Length of stay in lb <u>2 mos.</u>	d. STREET ADDRESS (If outside, give location) <u>6 mi. S.E. Steffenville</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES HENRY GOTTREU</u>			4. DATE OF DEATH Month Day Year <u>12 4 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 10, 1878</u>		9. AGE (In years less birthday) <u>80</u> IF UNDER 1 YEAR Months Days <u>3 24</u> IF UNDER 24 HRS. Hours Min. <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>SHELBY COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A. M</u>			13a. FATHER'S NAME <u>HERMAN GOTTREU</u>		
13b. MOTHER'S MAIDEN NAME <u>MARTHA ABBOTT</u>			14. NAME OF HUSBAND OR WIFE <u>ABBIE GOTTREU</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> <u>XXXXXXXXXX</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>11228 East 49th. WAYNE B. GOTTREU KANSAS CITY 33, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 Month, Day, Year a.m. p.m.					
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 <u>Aug 58</u> to <u>4 Dec</u> and last saw ^{him} <u>4 Dec 58</u> Death occurred at <u>D.O.A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John W Wells D.O. 2</u>			22b. ADDRESS <u>Lewistown Mo</u>		22c. DATE SIGNED <u>8 Dec 58.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC. 7, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION CHURCH CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>STEFFENVILLE, MISSOURI</u>
24. FUNERAL DIRECTOR <u>Charles L. Arnold</u>		ADDRESS <u>LEWISTOWN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-9-'58</u>	26. REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u> <u>E.L.</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles L. Arnold*

Licensed Embalmer No.

P. O. Address

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.