

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006002

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Independence** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Indep. San. & Hosp.** Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Independence** 7065 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **2511 Hardy** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARY** Middle **E.** Last **GOSSETT**
4. DATE OF DEATH Month **Feb.** Day **10** Year **1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED
8. DATE OF BIRTH **May 23, 1874** 9. AGE (In years last birthday) **84** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Ohio County, Kentucky** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Miller** 13b. MOTHER'S MAIDEN NAME **Mahala Hoover** 14. NAME OF HUSBAND OR WIFE **B. L. Gossett, deceased**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT **Madeline Smith, 2511 Hardy, Indep., Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **appendicitis, acute perforated gangrenous and Peritonitis** INTERVAL BETWEEN ONSET AND DEATH **8 days**
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) **1951** 19. WAS AUTOPSY PERFORMED? YES NO

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 **Queensboro, Kentucky** COUNTY STATE

21. I attended the deceased from **2-4-59** to **2-10-59** and last saw her alive on **2-9-59**
Death occurred at **8:55** a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Kenneth A. Mangels M.D.** 22b. ADDRESS **Independence, Mo** 22c. DATE SIGNED **2-10-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **2-11-59** 23c. NAME OF CEMETERY OR CREMATORY **Rose Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Queensboro, Kentucky**

24. FUNERAL DIRECTOR **Geo. C. Carson & Sons, Indep., Mo.** ADDRESS **2-11-59** 25. DATE RECD. BY LOCAL REG. **2-11-59** 26. REGISTRAR'S SIGNATURE **[Signature]**

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

6901

A. 2018

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 *R. Thomas Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indep. Mo.*

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.