

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017274
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 130

| | | | | | | | | | |
|--|----------------------------------|---|--|---|--|--|---|-----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <i>Franklin</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. John's</i> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <i>Washington</i> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Washington R2</i> | | | Length of stay in 1b <i>43 yrs.</i> | | 036 d. STREET ADDRESS (If outside, give location) <i>R#2.</i> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>John R. Gomoluh, JR.</i> | | | | 4. DATE OF DEATH Month Day Year <i>May 31, 1959</i> | | | | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <i>July 13, 1915</i> | | 9. AGE (In years last birthday) 43-10-18 Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm Clover Bottom, Mo.</i> | | 11. BIRTHPLACE (City and state or country) <i>Mo. S. A.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i> | | |
| 13. FATHER'S NAME <i>John W. Gomoluh</i> | | | 13b. MOTHER'S MAIDEN NAME <i>Hedwig Nowak</i> | | | 14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes W.W.I.</i> | | | 16. SOCIAL SECURITY NO. <i>7-2-16-2308</i> | | 17. INFORMANT <i>Mary Tuschluse, Washington, Mo</i> | | | Address <i>R#2</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>Shot gun wound of head</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>instant</i> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <i>head</i> | | 9191 | | 43 | | | |
| | | DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Time of death not known</i> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input checked="" 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.) <i>Subject apparently discharged gun</i> | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year <i>6:00 p.m. 5/31/59</i> | | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Gomoluh farm</i> | | | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | 20f. CITY, TOWN OR LOCATION <i>Clover Bottom Franklin Mo</i> | | COUNTY <i>Franklin</i> | | STATE <i>Mo</i> | | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>4:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>J. H. Stumback, M.D.</i> | | | | | 22b. ADDRESS <i>Conroe Union Mo</i> | | | 22c. DATE SIGNED <i>6-1-59</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>June 2, 1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>St. Ann's Cemetery</i> | | | 23d. LOCATION (City, town, or county) (State) <i>Washington Missouri</i> | | | |
| 24. FUNERAL DIRECTOR <i>Nieburg & Witt Inc. Washington Mo</i> | | | | 25. DATE RECD. LOCAL REG. <i>6/2/59</i> | | 26. REGISTRAR'S SIGNATURE <i>J. H. Stidman & L. C. Stidman</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 JUN 6 NOPA

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 *Lester A. Witt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, S*

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.