

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011836

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 59

VS 300
Rev. 4/59

10595

20580

3

4 0

5 2

6

7 1

8 2

99040

10 21

11 058

121-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 27 1962

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE Length of stay in 1b 1WK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHILLICOTHE HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY LINN
c. CITY OR TOWN MEADVILLE Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3 MILES WEST Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
EDWIN JOHN GOULD 3-21-62

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-4-69 9. AGE (last birthday) 92 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE 11. BIRTHPLACE (City and state or country) HILLSDALE MICH 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JAMES GOULD 13b. MOTHER'S MAIDEN NAME MARY J. GLASGOW 14. NAME OF HUSBAND OR WIFE

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. NONE 17. INFORMANT MARK GOULD Address MEADVILLE, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-renal insufficiency INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) uremia 7 days
DUE TO (c) Fracture of Femur 9 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic Hypertrophy PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

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.) Fell at his home

20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year 3-11-62

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.) Home 20f. CITY, TOWN, OR LOCATION R.F.D. 1 Meadville, Linn COUNTY Mo. STATE Mo.

21. I attended the deceased from 3-11-62 to 3-20-62 and last saw him alive on 3-20-62
Death occurred at 5:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter Bryan D.D. Wheeling Mo. 22b. ADDRESS Wheeling Mo. 22c. DATE SIGNED 3-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3-23-62 23c. NAME OF CEMETERY OR CREMATORY WHEELING CEMETERY 23d. LOCATION (City, town, or county) WHEELING, Mo. (State)

24. FUNERAL DIRECTOR WRIGHTS, MEADVILLE, Mo. ADDRESS Mar 23, 1962 25. DATE RECD. BY LOCAL REG. Annalee Taylor 26. REGISTRAR'S SIGNATURE

USE BLACK INK OR TYPEWRITER RIBBON

MAR 29 1962

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 C. H. Wright

Licensed Embalmer No. 5167

P. O. Address Brookfield, 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.