

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016494

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

NOT WRITE
IN THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. --- Registrar's No. 164

FILED MAY 2 1962

VS 300
ev. 4/59

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0940

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293-0

31-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 7Y; 3M; 3das.	c. CITY OR TOWN Farmington		Inside Limits No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) DeLassus Road		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) NELLIE GOULD			4. DATE OF DEATH Month April Day 14 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 4, 1879	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 1 Days 10 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	11. BIRTHPLACE (City and state or country) Bertrand, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Willis Rushing		13b. MOTHER'S MAIDEN NAME Betty Smith		14. NAME OF HUSBAND OR WIFE J. Fred Gould (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.	17. INFORMANT Address Records, State Hosp. #4, Farmington, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH 2 weeks.
IMMEDIATE CAUSE (a) Inanition					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Psychosis with cerebral arteriosclerosis - -abt. 7yrs.					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <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 May 12, 1956 to April 14, 1962 and last saw her ^{her} _{on} alive on April 14, 1962 Death occurred at 10:00 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John A. Brennan M.D.</i> (Degree or title)			22b. ADDRESS State Hospital No. 4, Farmington, Missouri		22c. DATE SIGNED 4-16-62
23a. BURIAL CREATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	April 16, 1962	Parkview Cemetery		Farmington, Missouri	
24. FUNERAL DIRECTOR Cozean Funeral Home, Farmington, Missouri			25. DATE RECD. BY LOCAL REG. Apr. 24, 1962	26. REGISTRAR'S SIGNATURE <i>Cather Rudloff</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

MAY 9 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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.