

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024786

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 316
 FILED JUL 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0499

2 8350

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4 0

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9 420.1

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12 3-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY OTTAWA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b SINCE 6-4-63	c. CITY OR TOWN HOCKERVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) HOCKERVILLE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELLIS Middle CLEVELAND Last GONCE			4. DATE OF DEATH Month JUNE Day 15 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hoisterman		10b. KIND OF BUSINESS OR INDUSTRY lead & zinc mines	9. AGE (last birthday) 75 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) Highlandville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Mack Gonce		13b. MOTHER'S MAIDEN NAME Martha Sims	14. NAME OF HUSBAND OR WIFE Nettie Gonce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		17. INFORMANT Nettie Gonce - Hookerville, Okla. 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) cerebral embolism (blood clot) auricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) coronary thrombosis. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 6 days 7 days 11 days
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 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 a.m. p.m. Month, Day, Year	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 June 4, 1963 to June 15, 1963 and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her alive on June 14, 1963 Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. P. Picher</i> (Degree or title)		22b. ADDRESS Picher, Oklahoma	22c. DATE SIGNED 6-15-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-15-63	23c. NAME OF CEMETERY OR CREMATORY GAR Cemetery	23d. LOCATION (City, town, or county) Miami Ottawa Oklahoma
24. FUNERAL DIRECTOR Paul Thomas - Picher, Oklahoma		25. DATE RECD. BY LOCAL REG. 6-28-1963	26. REGISTRAR'S SIGNATURE <i>Dovie Merriam</i>

AUG 28 1963

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 Paul Thomas

Licensed Embalmer No. 1244

P. O. Address Fiber - Okla.

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.