

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014428

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53
FILED APR 16 1962

Primary Registration District No.

0000

Registrar's No.

157

VS 300
Rev. 4/59

8160

20160

3

4 0

5 2

6

7 0

8 2

94200

10

11

1290-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH*

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

2 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

R.F.D. # 2

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Missouri

b. COUNTY

Cape Girardeau

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

Cape Girardeau

d. STREET
ADDRESS

(If outside, give location)

R.F.D. # 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Kelly

Middle

-

Last

Gohn

4. DATE
OF
DEATH

Month

April

Day

4, 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/31/1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired laborer State College

10b. KIND OF BUSINESS OR INDUSTRY

College

11. BIRTHPLACE (City and state or country)

Neelys Landing, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

David Gohn

13b. MOTHER'S MAIDEN NAME

Martha Byrd

14. NAME OF HUSBAND OR WIFE

Hettie Gohn

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

Address

Lester Gohn-Neelys Landing, 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)

Probable Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

6 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Post-operative total gastrectomy 9 yrs.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
a.m.
p.m.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

COUNTY

STATE

21. I attended the deceased from 1/28/56 to 4/4/62 and last saw him alive on 2/2/62
Death occurred at 4:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ernest H. Hoxworth, M.D.

22b. ADDRESS

24 North Sprigg

Cape Girardeau, Missouri

22c. DATE SIGNED

4/7/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4/07/1962

23c. NAME OF CEMETERY OR CREMATORY

New Bethel Cemetery

23d. LOCATION (City, town, or county)

Neelys Landing, Mo.

(State)

24. FUNERAL DIRECTOR.

ADDRESS

L. L. Haman-Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

April 10, 1962

26. REGISTRAR'S SIGNATURE

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON
Dr. Hoxworth

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

Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.