

3. No. 2
4-342
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11124

State File No.

Registrar's No.

FILED APR 14 1943
Registration District No. 248

Primary Registration District No. 5953

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
New Starb Nursing H
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. Near Starb Nursing
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thaddeus Adolphus Gooch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 13 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 26 hr. min.

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Rufus Gooch

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hedges

15. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Shannon

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof Mar. 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Garner & Starn

(b) Address Louisiana Mo

19. (a) Mar. 11/43 (b) J. H. Haley, deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour — minute — M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Death by Freezing Duration 1 day

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 190 199

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 18

(b) Date of occurrence 3/9/43

(c) Where did injury occur? Rural Pike Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? No (Specify type of place) (e) Means of injury Freezing

23. Signature Howard N. Corbett, Coroner
Address Louisiana - 2nd Date signed 3/11/43

1168

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, ~~as by~~

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 10

District File Number 4-43-720

Date Filed APR 13 1943

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.