

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1949

BIRTH NO. 49-001177 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	c. LENGTH OF STAY (in the place) <u>11 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If rural, give location) <u>404 Henry St. 5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u>	b. (Middle)	c. (Last) <u>Goebel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 2, 1949</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 6 HRS. Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gloyd H. Goebel</u>	13b. MOTHER'S MAIDEN NAME <u>Rosaline E. Caldwell</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gloyd H. Goebel, Washington, Mo.</u>	ADDRESS <u>Washington, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, aspiration type</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pre-maturity, 8 1/2 Mo. gestation</u> DUE TO (c) <u>776</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>D</u>
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22. I hereby certify that I attended the deceased from 1/2, 1949, to 1/3, 1949, that I last saw the deceased alive on 1/3, 1949, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Michael S. Ruffin, M.D.</u>	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>1/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 3, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>99</u>	ADDRESS <u>Nieburg & Witt, Inc. Washington, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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66
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 10 1949

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.

Signed _____

Signed _____
Student Embalmer

Lester A. [Signature]
Licensed Embalmer No. 3254

P. O. Address

Washington, 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.