

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 4 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4443 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) 425 Elm Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 425 Elm Street			

3. NAME OF DECEASED (Type or Print) Edward	a. (First)	b. (Middle) Lewis	c. (Last) Gooch	4. DATE OF DEATH (Month) (Day) (Year) January 24 1949
---	------------	--------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23, 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---	---	------------------------	----------------------	----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Chariton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	--	--

13a. FATHER'S NAME Thomas Gooch	13b. MOTHER'S MAIDEN NAME Sarah May	14. NAME OF HUSBAND OR WIFE Elizabeth Gooch
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth E. Gooch;	ADDRESS Huntsville
---	-------------------------------------	---	---------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis & Hemorrhage		2 days
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Jan 22, 1949, to Jan 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. Dreyer M.D.	23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 1/27/49
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-1949	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 1/29/49	REGISTRAR'S SIGNATURE Miss A.A. Barnhart	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville, Mo
---	---	---	-------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2420

Date Filed FEB 2 - 1940

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
Student Embalmer

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.