No. 300
10.48

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

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21068

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5560

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Calhoun
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hardin
d. STREET ADDRESS (If rural, give location) R.R. -

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle)
c. (Last) Gotway

4. DATE OF DEATH (Month) (Day) (Year) 6 - 24 - 49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-30-1875
9. AGE (In years last birthday) 73
If UNDER 1 YEAR: Months ___ Days ___ Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hardin Ill
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Paul Goder
13b. MOTHER'S MAIDEN NAME Mary DeGerlie
14. NAME OF HUSBAND OR WIFE Peter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Peter Gotway
ADDRESS Hardin Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerotic Heart disease — 5 yrs
DUE TO (c) Renal Senile changes — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death adenocarcinoma sigmoid colon operated 1942

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1949, *to* June 24, 1949, *that I last saw the deceased alive on* June 24, 1949, *and that death occurred at* 2-45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS 4952 Maryland Ave
23c. DATE SIGNED 6/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-24
24c. NAME OF CEMETERY OR CREMATORY St Norberts
24d. LOCATION (City, town, or county) (State) Hardin Ill

DATE REC'D BY LOCAL REG. JUN 28 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Hanks Funeral Home
ADDRESS Hardin Ill

(Licensed Embalmer's Statement on Reverse Side)

5569

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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 J. Allen Davis Jr

Licensed Embalmer No. 405-3

P. O. Address St Louis, 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.