

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8291

Registrar's No. 307

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| BIRTH NO. _____ | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 307 | |
| 1. PLACE OF DEATH a. COUNTY Greene | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. LENGTH OF STAY (in this place) 65 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | 0396 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 914 N. Missouri Avenue | | | | d. STREET ADDRESS (If rural, give location) 914 N. Missouri Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN | | b. (Middle) HILL | | c. (Last) GOOCH | | 4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 5 August 1882 | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | IF UNDER 100 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith (Ret.) | | 10b. KIND OF BUSINESS OR INDUSTRY Blacksmith shop | | 11. BIRTHPLACE (State or foreign country) Chariton, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thomas Gooch | | 13b. MOTHER'S MAIDEN NAME Lizzie Williams | | 14. NAME OF HUSBAND OR WIFE Lula Gooch | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 488-16-1305 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lula Gooch, Springfield, Mo. | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bronchial asthma</i> DUE TO (c) <i>None</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Long time heart failure</i> | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 years 241X 6 mo. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>Springfield Greene, Mo</i> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 Feb 12, 1950, to Mar 30, 1950 that I last saw the deceased alive on Mar 30, 1950 and that death occurred at 1:25 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>J. H. Hilday D.M.C.</i> (Degree or title) | | | | 23b. ADDRESS 609 Cherry St. | | 23c. DATE SIGNED Apr 150 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2 April 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery | | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| DATE REC'D BY LOCAL REG. 4-6-50 | | REGISTRAR'S SIGNATURE <i>W. H. Handley M.D.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Fred C. Thomas, Springfield, Mo.</i> ADDRESS | | | |

JUL 19 1950

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 Ralph H. Thiem.....

Licensed Embalmer No. 3681.....

Signed.....
Student Embalmer

P. O. Address Springfield, Missouri.....

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.