

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26305

FILED AUG 18 1950

REG. DIST. NO. 64

PRIMARY REG. DIST. NO. 5247

Registrar's No. 48

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

BIRTH NO. _____		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 5247		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Salisbury Township</u>		c. LENGTH OF STAY (in this place) <u>Approx Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Salisbury Township</u>		d. STREET ADDRESS (If rural, give location) <u>same</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aprox 8 miles So. East of Salisbury</u>				d. STREET ADDRESS (If rural, give location) <u>same</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leskie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Gooch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-10-1950</u>		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>March 21 - 1888</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>2 miles North of Roanoke</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sterling Price Gooch</u>		13b. MOTHER'S MAIDEN NAME <u>Dudley Ann Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Simon Gooch</u>			
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 ADDRESS <u>Daniel Gooch Salisbury Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr (7)</u> <u>153X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>May 15, 1950</u> , to <u>Aug. 10, 1950</u> , that I last saw the deceased alive on <u>Aug 10, 1950</u> , and that death occurred at <u>9 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>8-10-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 12 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Roanoke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-11-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Salisbury Mo</u>			

RECEIVED AUG 14 1950
District Health Officer No.
District File Number 8-50-13
Date Filed AUG 17 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.

Student
Student Embalmer

Signed Chas B Winckelmyer

Licensed Embalmer No. 38421

P. O. Address Salisbury, 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.