

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29778

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 118

241
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Story</u>	
b. CITY OR TOWN <u>Excelsior Springs</u> c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY OR TOWN <u>Ames</u> <u>8/14/50</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Excelsior Springs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Road Route III</u> <u>8</u>	
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>FRANZ</u> c. (Last) <u>GOERNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 13, 1894</u>
9. AGE (In years) (last birthday) <u>55</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>
11. BIRTHPLACE (State or foreign country) <u>La Grange Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Goerner</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Lipsky</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Goerner Ames</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>481-16-1689</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Goerner, Ames Ia. 0093</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>Cerebral embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>5 cerebral arterial damage 6 mo</u> (c) <u>and chronic pulmonary</u> DUE TO (c) <u>coronary sclerosis</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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>	
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>8-21</u> , 19 <u>50</u> to <u>8-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-26</u> , 19 <u>50</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dorothy Morgan M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>8-26-50</u>		24. LOCATION (City, town, or county) (State) <u>Charter Oak, Iowa</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Charter Oak, Iowa</u>
DATE REC'D BY LOCAL REG. <u>8/26/50</u>	REGISTRAR'S SIGNATURE <u>2</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Ex. 698/No</u>	

(Licensed Embalmer's Statement on Reverse Side)



SEP 20 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. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.