

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29858

FILED DEC 27 1950

1432

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO.  |  | REG. DIST. NO. 42   |  | PRIMARY REG. DIST. NO. 1000   |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)<br>a. STATE Missouri b. COUNTY Buchanan |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Joseph  |  | c. LENGTH OF STAY (In this place)<br>5 days   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN 5204 Lake Ave. 0117                          |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Joseph's Hospital   |  |   |  | d. STREET ADDRESS (If rural, give location)<br>St. Joseph, Mo. 0  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) THOMAS   |  | b. (Middle) HARRISON  |  | c. (Last) GOOCH   |  |
| 4. DATE OF DEATH   |  | (Month) 12  |  | (Day) 13  |  | (Year) 1950   |  |
| 5. SEX<br>Male 0   |  | 6. COLOR OR RACE<br>White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed ✓   |  | 8. DATE OF BIRTH<br>10-21-1878                                |  |
| 9. AGE (In years last birthday)<br>72  |  | IF UNDER 1 YEAR<br>Months   |  | IF UNDER 24 HRS.<br>Hours   |  | IF UNDER 1 MIN.<br>Min.                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br>Retired Miller  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Larabee Co.  |  | 11. BIRTHPLACE (State or foreign country)<br>Linn Co., Missouri 0   |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA                           |  |
| 13a. FATHER'S NAME<br>Thomas H. Gooch  |  | 13b. MOTHER'S MAIDEN NAME<br>Luella Bolling   |  | 14. NAME OF HUSBAND OR WIFE<br>None   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  | 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. Emma L. Johnson, Linneus, Mo.   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage   |  | ANTECEDENT CAUSES   |  |   |  |   | 36 hours   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | DUE TO (b) Hypertensive Cardio Vascular Disease   |  |   |  |   | Unknown  |
|  |  | DUE TO (c) XXXXXX   |  |   |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  | XXXXX   |  |   |  |   | 443X   |
| 19a. DATE OF OPERATION<br>XXXXXX   |  | 19b. MAJOR FINDINGS OF OPERATION<br>XXXXXXXX  |  |   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify)<br>SUICIDE<br>HOMICIDE<br>XXXXXX   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>XXXXXX                              |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>XXXXXXXX   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>XXXX  |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br>XXXXXXXX  |  |   |  |
| 22. I hereby certify that I attended the deceased from Dec. 12, 1950, to Dec. 13, 1950 that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 7:40P m., from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br>Owen W. Stang M.D.   |  |   |  | 23b. ADDRESS<br>The Tootle Building<br>St. Joseph, Missouri   |  | 23c. DATE SIGNED<br>12-15-50                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial 71   |  | 24b. DATE<br>12-15-1950   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Gooch Cemetery  |  | 24d. LOCATION (City, town, or county) (State)<br>Linneus, Mo. |  |
| DATE REC'D BY LOCAL REG.<br>Dec 22, 1950   |  | REGISTRAR'S SIGNATURE<br>Carl C. Casto  |  | FUNERAL DIRECTOR'S SIGNATURE<br>John R. Kupp  |  | ADDRESS<br>St. Joseph, Mo.                                    |  |

(Licensed Embalmers' Statement on Reverse Side)

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

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John E. Trupp*

Licensed Embalmer No. *3986*

P. O. Address

*St. Joseph, Mo*

Signed.....  
Student Embalmer

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.