

12372

STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1951

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON	
c. LENGTH OF STAY (In this place) 3 WRS.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) BELLE c. (Last) GOOCH			4. DATE OF DEATH (Month) (Day) (Year) APRIL 24 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) WIDOWED	8. DATE OF BIRTH AUG. 12, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LACONA, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ABRAM SMITH	13b. MOTHER'S MAIDEN NAME ELIZABETH ORUMRINE	14. NAME OF HUSBAND OR WIFE NICHOLAS GOOCH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. MAE LENT OREGON, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4201	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) m.	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 1951, to 4 24, 1951, that I last saw the deceased alive on 4 24, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

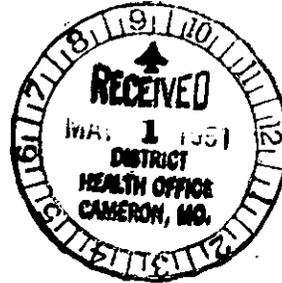
23a. SIGNATURE P. F. Newberry M.D.	(Degree or title) 0	23b. ADDRESS Oregon Mo	23c. DATE SIGNED 4-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APR. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY GREEN HILLS	24d. LOCATION (City, town, or county) (State) MUSKOGEE, OKLA.

DATE REC'D BY LOCAL REG. 4-26-1951	REGISTRAR'S SIGNATURE As gas Chang	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS James K. Pettigrew Oregon Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

440
1



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

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.