

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32631**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1101

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp. 0110</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 3 St Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Methodist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle)		c. (Last) <u>Goerke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>March 8, 1892</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer retired</u>		11. BIRTHPLACE (State or foreign country) <u>St Joseph, Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>lyr Packing Co.</u>		13a. FATHER'S NAME <u>Christopher Goerke</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Snerd</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Goerke</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-09-1407</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edw T. McKeever R3 St Joseph</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u>				<u>3 days</u>	
		ANTECEDENT CAUSES <u>MORBID</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Other Cond: Cardiac Hypertrophy with Con-</u> <u>genital Failure</u> <u>MORBID</u>				<u>6 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral tri-cuspid Insufficiency</u>				<u>6 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>		20. AUTOPSY? YES <input checked="" 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)	
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 July 2, 1951, to Oct. 25, 1951, that I last saw the deceased alive on Oct. 24, 1951, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl C. Casper MD</u>		23b. ADDRESS <u>Tootle Bldg., St. Joseph, Missouri</u>		23c. DATE SIGNED <u>10-29-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>October 31, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>		ADDRESS <u>1802 ...</u>	
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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 _____

Robert H. Yapple

Signed
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.