

No. 300
10-48

NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35664

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5754 Registrar's No. 45

1. PLACE OF DEATH

a. COUNTY Maries

b. CITY (If outside corporate limits, write RURAL and give town or TOWN Rural Dry Creek)

c. LENGTH OF STAY (In this place) yr.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Maries

c. CITY (If outside corporate limits, write RURAL and give township) 0639
OR TOWN Rural Dry Creek

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED

a. (First) Agnes b. (Middle) Hutcheson c. (Last) Gocke

4. DATE OF DEATH (Month) (Day) (Year) 10 25 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/15/1876 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR (Months) 0 IF UNDER 1 YEAR (Days) 10 IF UNDER 1 YEAR (Hours) 0 IF UNDER 1 YEAR (Min.) 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elijah Hutcheson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Frank Gocke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME Mr. Frank Gocke, Dixon, Missouri ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation

ANTECEDENT CAUSES DUE TO (b) Right side heart failure

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis

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 NO

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) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/19, 1952, to 10/25, 1952, that I last saw the deceased alive on 10/25, 1952, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. M. Milligan, D.O. 23b. ADDRESS Dixon, Mo. 23c. DATE SIGNED 10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/29/1952 24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery 24d. LOCATION (City, town, or county) (State) Dixon, Missouri

DATE REC'D BY LOCAL REG. 10-31-52 REGISTRAR'S SIGNATURE Pauline Howard 25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

0630

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 _____

October 25 - 1952

working under my personal supervision.

Student Embalmer No.

Signed *Fred H. Gilbert*

Signed.....
Student Embalmer

Licensed Embalmer No. *2341*

P. O. Address *Dixon 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.