

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42014**

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1149**

1. PLACE OF DEATH a. COUNTY GREYSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Marshfield	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital or institution, give street address or location) St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Goeden			4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1952		
5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April, 8th, 1888		9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Days 8 Hours 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Manomine, Neb.	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Hubert Schaffer		13b. MOTHER'S MAIDEN NAME Catherine Clinkner		14. NAME OF HUSBAND OR WIFE Charles Goeden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. William Cologne-Marshfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia, Atelectasis right lung,		5 days
ANTECEDENT CAUSES (1) Fractures: 6, 7, 8, 9, 10, 11, & 12 right ribs (2) Fractures: 1, 2, 3, 4 right transverse process DUE TO (b) (3) Fractures: right tibia & Fibula		5 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hemorrhage into right chest		5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis, severe		68/24/25

19a. DATE OF OPERATION 12/17/52		19b. MAJOR FINDINGS OF OPERATION Compound fracture right tibia & Fibula		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) City street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshfield Webster Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 17 52 9:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by auto	

22. I hereby certify that I attended the deceased from **Dec. 17, 1952**, to **Dec 22, 1952**, that I last saw the deceased alive on **Dec. 22, 1952**, and that death occurred at **6:20p m.**, from the causes and on the date stated above.

23a. SIGNATURE James D. Horton - M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 12/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12.24/52		24c. NAME OF CEMETERY OR CREMATORY Marshfield	
24d. LOCATION (City, town, or county) (State) Marshfield, Mo.					

DATE REC'D BY LOCAL REG. 12-27-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE Barber-Barto	
				ADDRESS Marshfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
2029
2030

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 Rev. Barber

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Metairie, Louisiana

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.