

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15011**

FILED MAY 7 1953

BIRTH NO.		REG. DIST. NO. <b>209</b>	PRIMARY REG. DIST. NO. <b>5263</b>	Registrar's No. <b>21</b>
1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Philadelphia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Philadelphia 0640</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nathan</b> b. (Middle) <b>Allen</b> c. (Last) <b>Gooch</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 14, 1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>June 17, 1883</b>	9. AGE (In years last birthday) <b>69</b> <small>IF UNDER 1 YEAR</small> Months <b>9</b> Days <b>27</b> <small>IF UNDER 24 HRS.</small> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Marion Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Nathan Gooch</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Fagan</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>275-03-2110</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leonella Rathmiller</b> ADDRESS <b>Palmyra, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart block</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/200</b>			20. AUTOPSY? YES <input 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 <b>Mo</b> , 19 <b>52</b> , to <b>April</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>13 April</b> , 19 <b>53</b> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Wyeth Namin</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Palmyra Mo.</b>		23c. DATE SIGNED <b>21 April 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 18, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Philadelphia</b>	24d. LOCATION (City, town, or county) (State) <b>Philadelphia Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/23/53</b>	REGISTRAR'S SIGNATURE <b>D. E. M. Lusk</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lynn S. Feaster</b> ADDRESS <b>Philadelphia, Mo.</b>		

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

640  
1

Vital Rec. Dep. Licensed Embalmer's Statement on Reverse Side

RECEIVED

MAY 4 1958

MARION CO. HEALTH DEPT.

DATE FILED MAY 4 1958

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.....

*Hazel Turner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address *Monroe City 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.