

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17094

FILED JUN 1 - 1953

BIRTH MO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>5134</u>	State File No. <u>1000</u>	Registrar's No. <u>615</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117<sub>5</sub></u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0110</u>		
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph - Washington Twsp. 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Letts Home for the Aged 716 North 6th Street</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. #7 Gene Field Rd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Gocke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 31 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>James Wingerter</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lober</u>		14. NAME OF HUSBAND OR WIFE <u>August J. Gocke</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Gocke St. Joseph Mo.</u>	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>  ANTECEDENT CAUSES DUE TO (b) <u>hypertensive heart disease</u> DUE TO (c) <u>Chronic myocarditis</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephro-sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>  <u>?</u>  <u>?</u>  <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>			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) (Min.)		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 <u>5-22-53</u> , 19 <u>53</u> , to <u>5-25-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-22-53</u> , 19 <u>53</u> , and that death occurred at <u>7:15 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E Handle M. D.</u> (Degree or title)			23b. ADDRESS <u>311 Physician &amp; Surgeon St. Joseph, Mo.</u> DATE SIGNED <u>5-25-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Funeral Home St. Joseph, Mo.</u>	

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

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.