

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35313

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Salisbury Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury Twp</u> <u>0210</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>S.E. Salisbury Mo 8mi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So. E. of Salisbury</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Gooch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-8-1885</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Gooch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Mott</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Gooch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Gooch</u> ADDRESS <u>Salisbury Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		DUPLICATE of (a)		<u>None</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE of (a) <u>anurism</u>			
DUPLICATE of (a) <u>anurism</u>		DUPLICATE of (c)			
DUPLICATE of (a) <u>anurism</u>		DUPLICATE of (c)			
DUPLICATE of (a) <u>anurism</u>		DUPLICATE of (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 11-6, 1953, to 11-6, 1953, that I last saw the deceased alive on 11-6, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Hawkins MD</u>		23b. ADDRESS <u>Salisbury MO</u>		23c. DATE SIGNED <u>11-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Nov 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roavoke Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Roavoke, Chariton Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winkelmeyer</u>		ADDRESS <u>Salisbury, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-7-53</u>		REGISTRAR'S SIGNATURE <u>Dr. Hawkins</u>		55-	

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 Chas. B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Ma.

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.