S. No. 300
v. 10-48

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26193

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 67

0051

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

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (in this place): 1 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Broadway Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Alabama
b. COUNTY: Talladega
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Talladega Springs
d. STREET ADDRESS (If rural, give location): 8010 8

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): Washburn
c. (Last): Gooch

4. DATE OF DEATH (Month) (Day) (Year): 8- 15- 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 10, 1878
9. AGE (In years last birthday): 76 — If under 1 year: Months 6, Days 5 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railway
11. BIRTHPLACE (City and State or Foreign Country): Fayetteville, Alabama
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William B. Gooch
13b. MOTHER'S MAIDEN NAME: Maggie Averiett
14. NAME OF HUSBAND OR WIFE: Maude Gooch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish-American
16. SOCIAL SECURITY NO.: 702-07-2166
17. INFORMANT'S SIGNATURE OR NAME: Maude Gooch, Talladega Springs
ADDRESS: Alabama

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): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Angina Pectoris — 2 weeks

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 16 m.
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* 8-3-, 1954, *to* 8-15-, 1954, *that I last saw the deceased alive on* 8-14-, 1954, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. R. Ferguson M.D.
23b. ADDRESS: Monett Mo.
23c. DATE SIGNED: 8-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-54
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Monett, Missouri

DATE REC'D BY LOCAL REG.: 8-18-54
REGISTRAR'S SIGNATURE: Katherine Henderson 487
25. FUNERAL DIRECTOR'S SIGNATURE: Mercer Funeral Home
ADDRESS: Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 854-88

DATE REC. 8-19-54

AUG 25 195

JAN 9 1956

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 Jesse O. Sullins Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.