

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37925

State File No.

0570
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

note death still
this was 11-15-54
FRED NOV 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>180</u>	PRIMARY REG. DIST. NO. <u>2673</u>	Registrar's No. <u>B</u>
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Old Monroe</u>	c. LENGTH OF STAY (in this place) <u>Wife</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Old Monroe Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) <u>0570</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>H</u>	c. (Last) <u>Goos</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 27 1862</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Bernard H. Goos</u>		13b. MOTHER'S MAIDEN NAME <u>Dickbernd</u>	14. NAME OF HUSBAND OR WIFE <u>not married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Ed. Goos Old Monroe 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal Disease 11 years</u> 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 <u>20 minutes</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>Nov 15, 1954</u> , to <u>Nov 15, 1954</u> , that I last saw the deceased alive on <u>Nov 15, 1954</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>F. L. Sutton</u>		23b. ADDRESS <u>P.O. # Winfield, Missouri</u>		23c. DATE SIGNED <u>11/21/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ev. & R Church Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Old Monroe Mo.</u>	
DATE REC'D BY LOCAL REG <u>Nov 24 1954</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	62	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed Keittly 01 Fallon Mo.</u>	

MAR 3 1955

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.....

E. K. Kuntz

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address Fallon W

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.