

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16155**

BIRTH NO.		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5881		Registrar's No. 25		
1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY OSAGE				
b. CITY OR TOWN Rural (Jefferson)		c. LENGTH OF STAY (in this place) Entire life		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				e. STREET ADDRESS (If rural, give location) 0760				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) C c. (Last) GOETTLING			4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT-4-1876		
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months Days		11. UNDER 10 HRS. Hours Min.		9. AGE (In years last birthday) 78		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and State or Foreign Country) OSAGE County - Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wm Goetting, Sr			13b. MOTHER'S MAIDEN NAME Elizabeth Neuman			14. NAME OF HUSBAND OR WIFE MARY (FEVER) GOETTLING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Goetting - Belle-Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive pulmonary hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic recurrent bronchitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH moments years 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5021				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)		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 May 12, 1955 to May 30, 1955 , that I last saw the deceased alive on May 20, 1955 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE F. L. Kozal, M.D. (Degree or title)				23b. ADDRESS Belle-Mo.		23c. DATE SIGNED 6-2-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE June 1 - 1955		24c. NAME OF CEMETERY OR CREMATORY Feverville Cemetery		24d. LOCATION (City, town, or county) (State) OSAGE COUNTY - Mo.		
DATE REC'D BY LOCAL REG. June 7 - 1955		REGISTRAR'S SIGNATURE T. A. Subramanian		25. FUNERAL DIRECTOR'S SIGNATURE Sacramento Federal Service		ADDRESS Belle-Mo.		

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

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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.....
Signature of Student Embalmer

Signed *Chester Baseman*.....

Licensed Embalmer No. *4178*

P. O. Address *Bland-*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.