

FILED FEB 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43259

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHANNON</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (in this place) <u>48 HRS</u>	c. CITY OR TOWN <u>BIRCH TREE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>GENERAL DELIVERY 101</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>GIDEON</u> c. (Last) <u>GOOCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 27 1894</u>	9. AGE (In years last birthday) <u>61</u> 8 15	IF UNDER 1 YEAR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CARTER COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN B. GOOCH</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CRAIG</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET GOOCH</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>MARGARET GOOCH Birch Tree, 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>Heart failure, acute congestive</u> ANTECEDENT CAUSES DUE TO (b) <u>Portal obstruction</u> DUE TO (c) <u>Congestion liver, chronic passive</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>edema, generalized</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>1 wk</u> <u>1 wk</u> <u>10 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4341</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)	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>12-11</u> , 1955, to <u>12-12</u> , 1955, that I last saw the deceased alive on <u>12-12</u> , 1955, and that death occurred at <u>9:10 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>BJM Academy MR</u>		23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>1-20-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whites Mill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carter Co. MO</u>		
DATE REC'D BY LOCAL REG. <u>2/4/56</u>	REGISTRAR'S SIGNATURE <u>W. D. Muehleisen</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Coleman</u>	ADDRESS <u>M. Sprosen / W. Buren</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
p. 48

RECEIVED
FEB 6 - 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 21 1956

FEB 8 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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 454

P. O. Address. Van Buren

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.