No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5929

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 41

1

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 468 E Burkhart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 468 E. Burkhart
0883

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W.
c. (Last): Gooding

4. DATE OF DEATH (Month) (Day) (Year): Feb 4 - 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12 - 1879
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 6, Days 22 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: James Gooding
13b. MOTHER'S MAIDEN NAME: Rebecca Manker
14. NAME OF HUSBAND OR WIFE: Melvie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 417-01-2544
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. W. Gooding. ADDRESS: Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Had one attack of coronary thrombosis 20 yrs ago. Has had a number of strokes of apoplexy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4261
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) 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* only at time of death and he was dead when I saw him *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 11:10 P.m., 4 Feb 56 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Ghute M.D.
23b. ADDRESS: 208½ N. 4th Moberly, Mo.
23c. DATE SIGNED: 6 Feb 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-56
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly, Mo

DATE REC'D BY LOCAL REG.: 2-7-56
REGISTRAR'S SIGNATURE: Leah W Lowe 269
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son. ADDRESS: Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.