

F. H. Goetz
FILED NOV 13 1956THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH34962
State File No. 410

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 410	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY OR TOWN <u>Sedalia</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>Bathwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1606 W. Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Goetz</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>6</u> (Year) <u>1956</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>Jan. 20, 1891</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>9</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpentering & Auto County Sheriff</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mare, Mo Pettis Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Geo. L. Goetz</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Dehaan</u>		14. NAME OF HUSBAND OR WIFE <u>Edna</u>		14. ADDRESS <u>Sedalia Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-2503A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Goetz Warrensburg</u>		17. ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Brain Tumor Metastatic</u> DUE TO (c) <u>Bronchogenic Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extension of brain injury brought on by coronary attack</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>3 months</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</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) m.		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>Sept 8</u> , 19 <u>56</u> to <u>November 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>November 6</u> , 19 <u>56</u> , and that death occurred at <u>3:26</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Char O. Osborne</u> (Degree or title) <u>MO</u>				23b. ADDRESS <u>Sedalia MO</u>		23c. DATE SIGNED <u>11/8/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>11-8-56</u>		REGISTRAR'S SIGNATURE <u>Loraine Coontz, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Nemmeyer</u>		ADDRESS <u>Smithton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9561 28 NOV

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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..... *A. F. Neumeyer*

Licensed Embalmer No. *3910*

P. O. Address *Smith*

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.