

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41486

FILED JAN 14 1957

STATE FILE NUMBER 5334

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Urich</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Mary's Hosp 2 days</i>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>Reside on Farm</i>			
3. NAME OF DECEASED (Type or print) First <i>Cora</i> Middle Last <i>Gooch</i>				4. DATE OF DEATH Month <i>Dec</i> Day <i>8</i> Year <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (City and state or country) <i>Urich, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Winston Robinson</i>				14. MOTHER'S MAIDEN NAME <i>Susan Thourman</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>George Gooch, Urich, Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Branche pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Influenza</i> DUE TO (c) <i>Pseudo-membranous enterocolitis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>7 days</i> <i>480x</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <i>p. m.</i> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>11-7-56</i> to <i>12-8-56</i> and last saw <i>her</i> alive on <i>12-8-56</i> Death occurred at <i>11:25</i> <i>p</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hubert M Parker MD</i>				22b. ADDRESS <i>928 Angyle</i>		22c. DATE SIGNED <i>12-9-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12-9-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Urich Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Urich, Missouri</i>		
24. FUNERAL DIRECTOR <i>Brown Mortuary</i>		ADDRESS <i>Urich, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12-9-56</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>		

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hubert M. Parker

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1957

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. 45
P. O. Address Kansas

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