No. 300
10.48

FILED MAR 18 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8418

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 64

**1. PLACE OF DEATH**
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reid Hospital & Clinic

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN: Gallatin 0310
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): ELDON
b. (Middle): CHASE
c. (Last): GOODCHILD

**4. DATE OF DEATH** (Month) (Day) (Year): March 15, 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: July 10, 1905
**9. AGE** (In years last birthday): 51 — If under 1 year: Months 8, Days 5 — If under 24 hrs.: Hours, Min.

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

**13a. FATHER'S NAME**: William Goodchild
**13b. MOTHER'S MAIDEN NAME**: Eunice Chase
**14. NAME OF HUSBAND OR WIFE**: Not married

**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.**:
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Will Hanson, Cylinder, Iowa

**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): Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Empyema Gall Bladder — 7 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 3-14-57
**19b. MAJOR FINDINGS OF OPERATION**: Cholelithiasis. Empyema Gall Bladder 58.4 x
**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* 3-9-57, *19*__, *to* 3-15-57, *19*__, *that I last saw the deceased alive on* 3-15-57, *19*__, *and that death occurred at* 6:50 A.M. *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Gilbert H. Thorgen D.O.
**23b. ADDRESS**: Bethany, Missouri
**23c. DATE SIGNED**: 3-16-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: March 19, '57
**24c. NAME OF CEMETERY OR CREMATORY**: Washington Cemetary
**24d. LOCATION** (City, town, or county) (State): Havelock, Iowa

**DATE REC'D BY LOCAL REG.**: Mch 16-1957
**REGISTRAR'S SIGNATURE**: Zola Burris
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Clark L. Scott, Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

116-0

## 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 Clark L. Douteh

Licensed Embalmer No. 4831

P. O. Address Bethany, Mo.

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.