

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043497

STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 5-9 Primary Registration District No. 5231 Registrar's No. 3

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Cross Co</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cross</u> |  |
| b. CITY OR TOWN <u>Creighton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Creighton Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>WILLIAM W. GOOCH</u> |  |  | 4. DATE OF DEATH Month Day Year<br><u>12-24-1958</u> |  |  |
|--|--|--|--|--|--|

|                    |                               |   |                                      |   |                                |                                |
|--------------------|-------------------------------|---|--------------------------------------|---|--------------------------------|--------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 11, 1860</u> | 9. AGE (In years of birthday) <u>98</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Urich, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Charles J. Gooch</u> | 13b. MOTHER'S MAIDEN NAME <u>Sophia E. Hillegas</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>n</u> | 17. INFORMANT Address <u>Leona Gregory, Creighton, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Branchopneumonia</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk.</u><br><u>10 yrs.</u><br><u>12 yrs.</u>           |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Hypertensive Heart Disease</u> |  |
|  | DUE TO (c) <u>Chronic Nephritis</u>          |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>592X</u>            |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 Month, Day, Year<br>a.m. p.m.  |  |

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|--|--|---|
| 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 Dec. 28, 1956 to Dec. 24, 1958 and last saw her/him alive on Dec. 24th 1958  
Death occurred at 12:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                    |                                  |
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| 22a. SIGNATURE (Degree or title) <u>Paul L. Welch Esq.</u> | 22b. ADDRESS <u>Creighton, Mo.</u> | 22c. DATE SIGNED <u>12/20/58</u> |
|--|------------------------------------|----------------------------------|

|  |           |  |   |
|--|-----------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Dec 28-1958</u> | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Urich MO</u> |
|--|-----------|--|---|

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| 24. FUNERAL DIRECTOR ADDRESS <u>Brown &amp; Graham Urich Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>12-28/58</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebrce</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *R. R. Kennedy* .....

Licensed Embalmer No. *3099* .....

P. O. Address *Clinton Mo* .....

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.