

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018491

STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 29

300
1-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Montgomery)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Water St.		Length of stay in 1b 070	d. STREET ADDRESS (If outside, give location) Water St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First NONA Middle BELLE Last GOOCH			4. DATE OF DEATH Month May Day 20 Year 1959		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 14, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Pike County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William McGary	13b. MOTHER'S MAIDEN NAME Laura Baxter	14. NAME OF HUSBAND OR WIFE Cleaver Gooch
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Cleaver Gooch, Wellsville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration Edward Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Edward DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222		INTERVAL BETWEEN ONSET AND DEATH 18 mo
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from **Nov 27, 1957** to **May 20, 1959** and last saw her alive on **May 20, 1959**
Death occurred at **11:45 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Inscribed or title) L. Mylner Ed	22b. ADDRESS Wellsville, Mo	22c. DATE SIGNED 5/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery	23d. LOCATION (City, town, or county) (State) Wellsville, Missouri
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24. FUNERAL DIRECTOR F B Wells	ADDRESS Wellsville, Mo.	25. DATE RECD. BY LOCAL REG. May 24 1959	26. REGISTRAR'S SIGNATURE Laura B Callaway
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Howard J. Myers*

Licensed Embalmer No. 4494

P. O. Address.... Wellsville, 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.