

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022431
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 277 Primary Registration District No. 4711 Registrar's No. 35

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOWLING GREEN		c. CITY OR TOWN BOWLING GREEN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If outside, give location) N. MAIN CROSS	

3. NAME OF DECEASED (Type or print) First ANNA Middle GOOCH Last			4. DATE OF DEATH Month JUNE Day 7 Year 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 15 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MADISON COUNTY ILL	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME PHILIP SCHERFF	13b. MOTHER'S MAIDEN NAME LOUISE KLEIN	14. NAME OF HUSBAND OR WIFE ORAN 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. -	17. INFORMANT ORAN GOOCH, BOWLING GREEN, MO	Address
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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) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROSIS ⁴⁰ LITR. MYOCARDITIS	YRS
	DUE TO (c) 4201	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHR. MYOCARDITIS NECESSITATING DIGITALIS FOR YEARS		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 a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ to _____ and last saw her ^{him} alive on **JUNE 7, 1959**
Death occurred at **JUNE 7, 1959 4:30 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wheville codee MD	22b. ADDRESS Bowling Green, Mo.	22c. DATE SIGNED 10 June 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 9, 1959	23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN CEMETERY	23d. LOCATION (City, town, or county) (State) BOWLING GREEN, MO
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24. FUNERAL DIRECTOR GRACE BANKHEAD	ADDRESS BOWLING GREEN, MO	25. DATE RECD. BY LOCAL REG. 6-11-59	26. REGISTRAR'S SIGNATURE Bill Robinson
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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

JAN 12 1960

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 *Harold C. Kirke*

Licensed Embalmer No. *4597*.....

P. O. Address *Bonlevine Ave*

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.