

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000980

FILED VS FEB 2 1960

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 10

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gentry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		Length of stay in lb 41 days		c. CITY OR TOWN Albany	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Munro's Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Hattie		Middle Lou		Last Goucher		Month Day Year January 24, 1960	
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 3/4/75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) county unknown, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Willis Luper			13b. MOTHER'S MAIDEN NAME Ellen (unknown)		14. NAME OF HUSBAND OR WIFE George Wm. Goucher		
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 Mrs. Orr Pool		Address Albany, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>hypostatic pneumonia</i>						5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>myocarditis</i>						7 yrs	
DUE TO (c) <i>hemiplegia</i>						3 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	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 Albany Gentry Mo		COUNTY	STATE	
21. I attended the deceased from <i>10 years</i> to <i>1-24-60</i> and last saw him alive on <i>1-24-60</i> Death occurred at <i>2:20 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Frank H. Rose - M.D.</i>				22b. ADDRESS <i>Albany, Mo</i>		22c. DATE SIGNED <i>1-25-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan. 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) Albany, Missouri		(State)	
24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home, Albany, Mo.				25. DATE RECD. BY LOCAL REG. Jan-26-60		26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ronald E. Coohely*

Licensed Embalmer No. 4868

P. O. Address Albany, 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.