

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960 *72*

-60-005555

Registration District No. _____ Primary Registration District No. *5291* Registrar's No. *17*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 10/12/59	c. CITY OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clay County Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) E. Excelsior St.	
3. NAME OF DECEASED (Type or print) First AMANDA Middle ANN Last GOOCH			4. DATE OF DEATH Month Feb. Day 16 Year 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 July, 25, 1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 6 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY XXXXXX	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Thomas Ferris		13b. MOTHER'S MAIDEN NAME Mary Frances Coppage		14. NAME OF HUSBAND OR WIFE John Gooch (deceased)	
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. No.	17. INFORMANT Address Mrs. Cloe Roberson, Altadena, Calif.		
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis, valvular heart disease DUE TO (c) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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		COUNTY STATE
21. I attended the deceased from Feb '59 to 16 Feb '60 and last saw her alive on 1-24-60 Death occurred at 7:00 am on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George E. Sanders M.D.			22b. ADDRESS Excelsior Springs, Mo.		22c. DATE SIGNED 2-16-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 18, 1960	23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery		23d. LOCATION (City, town, or county) (State) Ray County, Orrick, MO.	
24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Ex. Spgs. Mo.			25. DATE RECD. BY LOCAL REG. 2-17-60	26. REGISTRAR'S SIGNATURE Mabel Graham	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior

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.