MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-036684
STATE FILE NUMBER

Registration District No. **137** Primary Registration District No. **3023** Registrar's No. **253**

AMENDED

(left margin, vertical) DATE AMENDED / INSTEAD OF / DOCUMENT / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / MEDICAL CERTIFICATION

FILED NOV 13 1961

1. PLACE OF DEATH
a. COUNTY **Henry**
b. CITY OR TOWN **Clinton**
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION **Clinton General Hospital**
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.**
b. COUNTY **Henry**
c. CITY OR TOWN **Urich Mo**
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First **George** Middle **Washington** Last **Gooch**

4. DATE OF DEATH Month **11** Day **9** Year **1961**

5. SEX **Male**
6. COLOR OR RACE **White**
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH **Dec. 29 1868**
9. AGE (last birthday) **92**
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION **Farmer**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE **Urich Mo.**
12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Charles I. Gooch**
13b. MOTHER'S MAIDEN NAME **Sophia Hillegas**
14. NAME OF HUSBAND OR WIFE **Cora E. Gooch**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
16. SOCIAL SECURITY NO. **495-40-3949**
17. INFORMANT **Mary F. Gooch, Urich, Mo.**

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute myocarditis**
INTERVAL BETWEEN ONSET AND DEATH **1 wk**
DUE TO (b)
DUE TO (c)

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? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1955** to **11-9-61** and last saw ~~her~~ him alive on **11-9-61**
Death occurred at **6:25 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Hugh B. Walker, MD**
22b. ADDRESS **Clinton, Mo.**
22c. DATE SIGNED **11-9-61**

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE **11-11-61**
23c. NAME OF CEMETERY OR CREMATORY **Urich Cemetery**
23d. LOCATION **Urich** **Mo**

24. FUNERAL DIRECTOR **W. J. Brown** ADDRESS **Urich Mo**
25. DATE RECD. BY LOCAL REG. **Nov 9, 1961**
26. REGISTRAR'S SIGNATURE **Mildred Bigum**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed R R Kenney X _____

Signature of Student Embalmer

Licensed Embalmer No. 3 0 9 9

P. O. Address Clinton na

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
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.