

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037321

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962 Primary Registration District No. 6096 Registrar's No. 73

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Schuyler  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greenwood Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes  No

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

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
William Bert M. Goldrick Sept. 16 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Mar 4 1870 9. AGE (last birthday) 92 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state of country) Schuyler Mo 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Farmer Thomas McGoldrick 13b. MOTHER'S MAIDEN NAME Dellia Weldon 14. NAME OF HUSBAND OR WIFE 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. [Redacted] 17. INFORMANT Helen Martin Greenwood Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Myocardial infarction  
DUE TO (b) Coronary thrombosis  
DUE TO (c) Atherosclerosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH 1 week  
year

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. (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  NOT WHILE AT WORK  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 7-2-58 to 9-16-62 and last saw her alive on 9-16-62  
Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. R. Stokes, D.D. 22b. ADDRESS Lancaster Mo. 22c. DATE SIGNED 9-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 18 Sept 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. 23d. LOCATION (City, town, or county) (State) Greenwood Mo.

24. FUNERAL DIRECTOR Normans ADDRESS Lancaster Mo 25. DATE RECD. BY LOCAL REG. Sept. 18, 1962 26. REGISTRAR'S SIGNATURE Florence Shepherd

USE BLACK INK OR TYPEWRITER RIBBON

Permit obtained Sept. 18, 1942

**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

*Frank E. Foster*

Licensed Embalmer No. 4742

P. O. Address Fulpsville, 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.