MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041496
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 263

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6047
20700 2
3
4 0
5 1
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7 0
8 2
9 465X
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12 1-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Harold A Langford MD

FILED NOV 27 1962

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico
Length of stay in 1b: 3 dys.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION A udrain Hos.ital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Wellsville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 108 E. Sturgeon
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Earl Middle: (NMI) Last: Gooch

4. DATE OF DEATH Month: Nov. Day: 23 Year: 1962

5. SEX: Male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Apr.1,1899

9. AGE (last birthday): 63

IF UNDER 1 YEAR: Months 7 Days 22
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Brick Plant

10b. KIND OF BUSINESS OR INDUSTRY: Fire Brick Co.

11. BIRTHPLACE (City and state or country): Louisana, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Cleaver Gooch

13b. MOTHER'S MAIDEN NAME: Nona Bell McCary

14. NAME OF HUSBAND OR WIFE: Martha F.Hudlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Martha H. Gooch
Address: Wellsville /Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary fibrosis — 4 yrs.

DUE TO (c) Chronic Pulmonary infection — ?

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 Nov 21-62 to Nov 23-62 and last saw her/him alive on Nov 23-62

Death occurred at 4:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold A Langford (Degree or title) MD

22b. ADDRESS Mexico Mo

22c. DATE SIGNED 11-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 25, 1962

23c. NAME OF CEMETERY OR CREMATORY: Wellsville

23d. LOCATION (City, town, or county) (State): Wellsville, Mo

24. FUNERAL DIRECTOR ADDRESS: Howard F. Myers, Wellsville, Mo

25. DATE RECD. BY LOCAL REG.: Nov 23-1962

26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained
11/23/62
3R

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 Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.