

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-046479**

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 37

**FILED JAN 2 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Clay Township, Mo.</u> Length of stay in 1b <u>5 1/2 yrs</u>   |   | c. CITY OR TOWN <u>R.F.D. Blenz</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>on farm 2 1/2 mi. north Blenz</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>        |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Henry Gustav Goers</u>   |   |   | 4. DATE OF DEATH Month Day Year <u>Dec 19-1962</u>  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>                 | 8. DATE OF BIRTH <u>3-23-1897</u> 9. AGE (last birthday) <u>65</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farmer - tractor employee</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>   | 11. BIRTHPLACE (City and state or country) <u>Gasconade County Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>          |
| 13a. FATHER'S NAME <u>GUSTAV Goers</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Amelie Rothwitz</u>  | 14. NAME OF HUSBAND OR WIFE <u>Flores (Dehms) Goers</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |   | 16. SOCIAL SECURITY NO. <u>219 Mo.</u>  | 17. INFORMANT <u>Flores Goers - Blenz - Mo</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u><br>DUE TO (b) <u>(FOUND EXPIRED IN WOODS SECTION-SAWING LOGS ON FARM)</u><br>DUE TO (c) <u>SECTION-SAWING LOGS ON FARM</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>- UNKNOWN -</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 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.) <u>(NO INJURY -)</u>                       |   |
| 20c. TIME OF INJURY Hour <u>2:30 p.m.</u> Month, Day, Year <u>12 19 62</u>  | 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.) <u>@ CLAY TWP GASCONADE MO.</u> |   |   |
| 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>CLAY TWP GASCONADE MO.</u>   |   |   |   |
| 21. I attended the deceased from <u>ABOUT 2:30 p</u> to <u>2:30 p</u> and last saw her/him alive on <u>12/19/62</u> . Death occurred at <u>ABOUT 2:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title) <u>Hugo H. Goers CORONER</u>   |   | 22b. ADDRESS <u>HERMANN MO</u>  | 22c. DATE SIGNED <u>12/19/62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>   | 23b. DATE <u>12-22-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Zions E.R. Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Blenz - Mo</u>   |
| 24. FUNERAL DIRECTOR <u>Wesley Ann's Funeral Service</u> ADDRESS <u>Blenz Mo</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>December 22, 1962</u>   | 26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappan</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1968

**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 Cherter Sissman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.