

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000822
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 54

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0269
2 0370
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4 1
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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED FEB 13 1963	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u> Length of stay in 1b <u>1 DAY</u>	
c. CITY OR TOWN <u>Owensville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHAS STILL HOSP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>E. LINCOLN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARIE</u> Middle <u>Goetz</u> Last <u>Goetz</u>	
4. DATE OF DEATH Month <u>FEB</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>JUNES 1878</u>	
9. AGE (last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
11. BIRTHPLACE (City and state or country) <u>SWITZERLAND</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HEER</u>	
13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>REV. EUGENE GOETZ</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>[REDACTED]</u>	
17. INFORMANT <u>EUGENE GOETZ</u> Address <u>2637 NAHNDRIE ST. LOUIS 39 MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)	
IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2-4-63</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>	
DUE TO (c) <u>Uremia</u> <u>2-5-63</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>	
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 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.)	
20c. TIME OF INJURY Hour 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 <u>2-4-63</u> to <u>2-5-63</u> and last saw her alive on <u>2-5-63</u> Death occurred at <u>7:05 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Deceased or title) <u>[Signature]</u> 22b. ADDRESS <u>6165 High St. J.C. Mo 63112</u> 22c. DATE SIGNED <u>2/5/63</u>	
23a. BURIAL, CREMATION, REMOVA (Specify) <u>BURIAL</u> 23b. DATE <u>2-8-63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>PACIFIC CITY</u> 23d. LOCATION (City, town, or county) (State) <u>PACIFIC MO</u>	
24. FUNERAL DIRECTOR <u>GOTTENSTROETER FUNERAL HOME</u> ADDRESS <u>OWENSVILLE MO.</u> 25. DATE RECD. BY LOCAL REG. <u>6 February 1963</u> 26. REGISTRAR'S SIGNATURE <u>R. Pharris</u>	

USE BLACK INK OR TYPEWRITER RIBBON

NOV 8 1961

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 Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Quensville 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.