

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22824**

FILED JUL 26 1954

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **5508** Registrar's No. **35**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Deepwater Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Deepwater Twp	
c. LENGTH OF STAY (In able place)		d. STREET ADDRESS (If rural, give location) Deepwater Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deepwater Twp			

3. NAME OF DECEASED (Type or Print) a. (First) Helen	b. (Middle) ANN	c. (Last) Goth	4. DATE OF DEATH (Month) (Day) (Year) 7-17-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8-13-1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Montrose Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frank Goth	13b. MOTHER'S MAIDEN NAME Frances Rott	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Frank Goth	ADDRESS Montrose Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 da
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montrose Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-20-52**, 19**52** to **July 17**, 19**54**, that I last saw the deceased alive on **7-17**, 19**54**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Biggley M.D.	23b. ADDRESS Montrose, Mo	23c. DATE SIGNED 7-20-54
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-20-1954	24c. NAME OF CEMETERY OR CREMATORY St. Ann's Conv. Montrose Mo	24d. LOCATION (City, town, or county) (State) Montrose Mo
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DATE REC'D BY LOCAL REG. Aug 7-54	REGISTRAR'S SIGNATURE Florence Adair	422	25. GENERAL DIRECTOR'S SIGNATURE Richard L. Dickman	ADDRESS Springfield Mo
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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
Student Embalmer

Signed Robert L. Dunne

Licensed Embalmer No. 4390

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.