

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24309

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 527

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINDSOR</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CALHOUN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WINDSOR HOSPITAL</u>		Length of stay in 1b <u>15 days</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>CARRIE</u> <u>LOOMIS</u> <u>GOODRICH</u>			4. DATE OF DEATH Month / Day / Year <u>July 19 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH-21-1878</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months / Days / Hours / Min. <u>3 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>	11. BIRTHPLACE (City and state or country) <u>WAHOO, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>CHARLES STOCKING</u>			14. MOTHER'S MAIDEN NAME <u>MARTHA JANE BURT</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>F. B. Goodrich Clinton, Mo.</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Toxic Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Acute Nephritis</u>					<u>3 days</u>
DUE TO (c) <u>Acute Perforated Gastric Ulcer</u>					<u>15 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Arteriosclerotic Heart Disease 5401</u>					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 a. m. / p. m.					
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>1-15-54</u> to <u>7-19-57</u> and last saw <u>her</u> alive on <u>7-19-57</u> Death occurred at <u>8:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or title) <u>Claude H. Shurber, M.D.</u>		22b. ADDRESS <u>Windsor, Mo.</u>		22c. DATE SIGNED <u>7-19-57</u>	
23a. BURIAL, CREMATION, RESOVAL (Specify)	23b. DATE <u>7/20/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem. Calhoun Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
24. FUNERAL DIRECTOR <u>Nickman & Dunning Clinician Mo</u>		ADDRESS <u>7-20-57</u>		25. DATE RECD. BY LOCAL REG. <u>7-20-57</u>	
				26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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elfare
lic
vice00
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUL 31 1957

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 *Robert L. Dunne*

Licensed Embalmer No. *4*

P. O. Address *Chino*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.