

JUL 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22744
Do not use this space.

1. PLACE OF DEATH
 (a) County Montgomery Registration District No. 591
 (b) Township Craber Primary Registration District No. 4349
 (c) City Middleton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Lucius Turner Gooch
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie E Land Gooch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 1866
 7. AGE YEARS 73 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Middleton Mo (STATE OR COUNTRY) _____
 FATHER 13. NAME James M. Gooch
 14. BIRTHPLACE (CITY OR TOWN) Middleton Mo (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Martha Pettit
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Mollie E. Gooch Middleton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Middleton DATE June 21 1939
 19. FUNERAL DIRECTOR (NAME) Richard Kuhn (ADDRESS) Middleton Mo
 20. FILED 6/23 1939 Leah Rigg Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 3 1939 to June 19 1939
 I last saw h.j.m. alive on June 19 1939 Death is said to have occurred on the date stated above, at 11:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular
renal hypertensive
& atherosclerosis
 Date of onset 3/39
 Other contributory causes of importance: 131
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory Was there an autopsy? no
 23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. B. Blythe M.D.
Coopersville Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Clifford C. Kuhner*

Licensed Embalmer No. *3059*

P. O. Address *Wellsville 7*

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, above space should be left blank.