S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30689

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 219 So Clark
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Cornelia Goetze

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March (Month) 19th (Day) 1869 (Year)

8. AGE: Years 79 Months 5 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo O (State or foreign country)

10. Usual occupation At home

11. Industry or business ____

FATHER
12. Name William Seelen
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Jaeger
15. Birthplace ____ (City, town, or county) Austria Hungary (State or foreign country)

16. (a) Informant John Goetze

(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Sep 18-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 314

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1948 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 16 Aug, 1948, to 16 Sept, 1948; that I last saw her alive on 16 Sept, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Auricular Fibrillation	
Due to: Coronary Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Moberly Mo Date signed 17 Sept 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10.
District File Number 9-48-1644
Date Filed SEP 20 1948

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.