

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20705
Registrar's No. 10 in '51

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5685

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Jackson Twp		c. CITY (If outside corporate limits, write RURAL and give township) Purdin	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Curtis b. (Middle) Alexander c. (Last) Gooch			4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 51
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 - 6 - 1885
9. AGE (In years, last birthday) 66		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME John A. Gooch	
13b. MOTHER'S MAIDEN NAME Bell Harding		14. NAME OF HUSBAND OR WIFE Azelia A. Gooch	
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 Azelia A. Gooch
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH in 1945 3 1/2 years	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1, 1951</u> , to <u>June 3, 1951</u> , that I last saw the deceased alive on <u>June 1, 1951</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J.R. Martin		23b. ADDRESS W.H.D. Browning, Mo	23c. DATE SIGNED 6/4/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-6-51	24c. NAME OF CEMETERY OR CREMATORY Purdin	24d. LOCATION (City, town, or county) (State) Furdin Mo.
DATE REC'D BY LOCAL REG. June 7 51	REGISTRAR'S SIGNATURE Elva Crookshank	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	
		ADDRESS Browning, Mo	

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

580
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Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-5410
Date Filed: JUN 1 4 1951

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 Leslie I Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.