

FILED NOV 27 1951

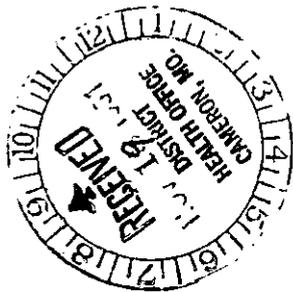
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36703**
Registrar's No. **123**

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5087		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) Orrick, Rural Route		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Orrick, Rural Route		0240	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles West Orrick, Mo.				d. STREET ADDRESS (If rural, give location) Rural Route #1,			
3. NAME OF DECEASED (Type or Print) BERTHA		a. (First)		b. (Middle) GRACE		c. (Last) GOODE	
4. DATE OF DEATH Nov. 4, 1951		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 23, 1881		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Pennsylvania	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Coffenberger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Goode			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Goode, Rt. #1, Orrick, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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) hypertension DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 1/2 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 Jan. 19 51 to Nov. 4, 19 51 that I last saw the deceased alive on Nov. 4, 19 51 and that death occurred at 2:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. M. Gracken MD (Degree or title)				23b. ADDRESS 6x Union Ave		23c. DATE SIGNED 11-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-7, 1951		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Rural, Orrick, Mo.	
DATE REC'D BY LOCAL REG. 11/7/51		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Clarence Richard		ADDRESS Chalmer Springs Mo.	

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Carl Rapp

Signed _____
Student Embalmer

Licensed Embalmer No. *3458*

P. O. Address *Coalside Springs, 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, fact should be so stated above.