No. 300
10.46

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2244

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 6

804
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 So. Ohio

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 1804
d. STREET ADDRESS (If rural, give location): 1700 So Ohio

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Charles Abner Gooch

4. DATE OF DEATH (Month) (Day) (Year): Jan 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: July 23, 1869
9. AGE (In years last birthday): 82 [redacted] IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): Bevier, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Gooch
13b. MOTHER'S MAIDEN NAME: Sarah May
14. NAME OF ~~HUSBAND~~ OR WIFE: Etta 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 ADDRESS: Mrs. Etta Gooch 1700 S. Ohio, Sedalia 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral haemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension essential
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ VIEWED the deceased ~~from~~ as Corner, ~~19~~, ~~that I last saw the deceased alive on~~ _____, ~~19~~, and that death occurred at 3:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Gordon Hampton MD
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-8-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Versailles
24d. LOCATION (City, town, or county) (State): Versailles, Mo

DATE REC'D BY LOCAL REG.: 1-7-51
REGISTRAR'S SIGNATURE: R. J. Campbell M.D. Dolly Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLaughlin Bros - Sedalia Mo

25.-0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 15 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 15 1952

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 A. P. McGary
Licensed Embalmer No. 3153
P. O. Address Sedalia 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.