

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5488

State File No.

FILED FEB 20 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 4 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		04925
d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 West 7th Street			d. STREET ADDRESS (If rural, give location) 1019 West 7th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) Mathew		c. (Last) Gooch	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1906	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 6 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store Operator	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Duenweg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nicholes Gooch		13b. MOTHER'S MAIDEN NAME Louisa Cahall		14. NAME OF HUSBAND OR WIFE Lillian Gooch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-01-7117	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lillian Gooch 1019 W. 7th St. Webb City, 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) Bronchiogenic carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a.) stating the underlying cause last. DUE TO (b) _____ 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 1 year.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 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>2-12</u> , 19 <u>51</u> , to <u>2-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>52</u> , and that death occurred at <u>7:25A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Kaarel M. Bergstrom MD		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 2/14/52.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.		
DATE REC'D BY LOCAL REG. Feb 14 52	REGISTRAR'S SIGNATURE D. L. Johnston MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Johnston-Arnee-Simpson, Webb City, Mo		

137-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-19-52
Jasper County Health Office

52/2/146

County File Number.....

Date Filed 2-19-52.....

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 *Clayton M. Johnston*.....

Licensed Embalmer No. *4304*.....

P. O. Address *Webb City, 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.