S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7719

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5242 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury Twp
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Mi Southeast Salisbury

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury Twp 0216
d. STREET ADDRESS (If rural, give location): 8 Mi Southeast Salisbury

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

4. DATE OF DEATH (Month) (Day) (Year): 3-28-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6-1888
9. AGE (In years last birthday): 63
If under 1 year: Months: 9 Days: 22
If under 24 hrs.: Hours: Min.:

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

13a. FATHER'S NAME: Wm Gabbert
13b. MOTHER'S MAIDEN NAME: Sarah Langley
14. NAME OF HUSBAND OR WIFE: W.R. Gooch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: W.R. Gooch
ADDRESS: Salisbury 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) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 the deceased from* Jan, 1949, *to* 3-28, 1952 *that I last saw the deceased alive on* 3-28, 1952 *and that death occurred at* 10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: F.W. Hawkins (Degree or title) MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-30-52
24c. NAME OF CEMETERY OR CREMATORY: Roanoke Cemetery
24d. LOCATION (City, town, or county) (State): Roanoke ~~Chariton~~ Mo

DATE REC'D BY LOCAL REG.: 3/29/52
REGISTRAR'S SIGNATURE: F.W. Hawkins M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: C.B. Winkelmeyer
ADDRESS: Salisbury, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1959

DEC 9 1959

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 Chas B Winkelmayer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.