

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville
c. LENGTH OF STAY (in this place) OR TOWN 32 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Adair
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville
d. STREET ADDRESS (If rural, give location) 611 S. Mulanix

3. NAME OF DECEASED
a. (First) William b. (Middle) P. c. (Last) Gooch

4. DATE OF DEATH (Month) (Day) (Year)
9-25-54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed

8. DATE OF BIRTH July 30, 1954

9. AGE (In years last birthday) 95
If under 1 year: Months _____ Days _____
If under 1 min. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME John T. Gooch

13b. MOTHER'S MAIDEN NAME Ophelia Sutherland

14. NAME OF HUSBAND OR WIFE Esther Patterson Gooch

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. ****

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John C. Gooch, Kirksville, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis acute
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 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 431 X

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)

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 17, 1953 to Sept 25, 1954, that I last saw the deceased alive on Sept 25, 1954, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Stickler MD

23b. ADDRESS Kirksville Mo

23c. DATE SIGNED 9-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-27-54

24c. NAME OF CEMETERY OR CREMATORY Knifong Cemetery

24d. LOCATION (City, town, or county) (State) Sullivan, Co. Missouri

DATE REC'D BY LOCAL REG. 9-27-54 REGISTRAR'S SIGNATURE Wate Lambert 1-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS David Chisolm, Kirksville, Mo

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4296

P. O. Address Waverly

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.