

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40162**

FILED DEC 27 1954

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>1319</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		STREET ADDRESS (If rural, give location) <b>2634 State Street</b> <b>01170</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lena</b>		b. (Middle)	c. (Last) <b>Goetz</b>	
4. DATE OF DEATH <b>December 14, 1954</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>December 8th 1878</b>	9. AGE (In years last birthday) <b>76 Yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri,</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George Meierhoffer</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Herwig</b>	14. NAME OF HUSBAND OR WIFE <b>Frank L. Goetz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>M. Karl Goetz</b> ADDRESS <b>St. Joseph, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage - 7 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis general</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331 X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		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 <b>Dec 3, 1954</b> , to <b>Dec 14, 1954</b> , that I last saw the deceased alive on <b>Dec 14, 1954</b> , and that death occurred at <b>6:20P m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>D. G. Thompson M.D.</b>		23b. ADDRESS <b>902 Edmund - St Joseph Mo.</b>		23c. DATE SIGNED <b>12/15/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>Dec. 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>Dec 21, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison Meierhoffer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. G. Thompson</b> ADDRESS <b>St. Joseph, Mo.</b>

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

DEC 28 1934

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 ..... \*\*\*\*\* ..... \*\*\*\*\*<sup>1</sup> ..... Student Embalmer No. .... \*\*\*\*\* working under my personal supervision..

Student ..... \*\* ..... \*\*  
Signature of Student Embalmer

Signed *Raymond W. Hersh* .....

Licensed Embalmer No. 4413.M

P. O. Address .... St. Joseph.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.