

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27069

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>BONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christina</u> b. (Middle) <u>Maria Carolina</u> c. (Last) <u>Goety</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 14 1955</u>		
5. SEX <u>Female</u>		6. COLOR, OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 20 1868</u>		9. AGE (In years last birthday) <u>87</u>		10. BIRTHPLACE (State or foreign country) <u>Stover, Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Stover, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			

13a. FATHER'S NAME <u>Herman Wittrock</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Fischer</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Goety</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. J.O. Seriner Stover, Mo.</u>	

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) <u>Medullary Paralysis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomalacia with cerebral hemorrhage</u>				<u>days</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					

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 Aug 12, 1955, to Aug 14, 1955, that I last saw the deceased alive on Aug 14, 1955, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas P. Wasson J.O.</u>		23b. ADDRESS <u>Stover, Missouri</u>		23c. DATE SIGNED <u>Aug 18, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Stover Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Aug 20 - 1955</u>		REGISTRAR'S SIGNATURE <u>Tom L. Ripberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>James R. Seriner Verwith, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1955

OCT 1 3 1955

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 *James R. Scriner*

Licensed Embalmer No. *4880*

P. O. Address *Versailles, 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.