

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City, Mo.</u>	c. LENGTH OF STAY (In this place) <u>58 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellett Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0 4 2 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>G.</u> c. (Last) <u>Goth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 14, 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Sept. 24, 1970</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR: Months <u>3</u> Days <u>20</u> if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
		11. BIRTHPLACE (State or foreign country) <u>Montrose Mo</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Goth</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Teeman</u>	14. NAME OF HUSBAND OR WIFE <u>Margdaline</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Goth</u>
		ADDRESS <u>Montrose 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis, chr</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, Den.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</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)	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 June, 1953 to 14 Jan, 1956, that I last saw the deceased alive on 13 Jan, 1956, and that death occurred at 1 45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Dunning</u>	(Degree or title)	23b. ADDRESS <u>Appleton City Mo.</u>	23c. DATE SIGNED <u>16 Jan 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montrose Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 19, 1956</u>	REGISTRAR'S SIGNATURE <u>Chas. Atney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Siekman-Dunning</u>	ADDRESS <u>Clinton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 22 1956

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.