

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14247BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. CITY OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>0820</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>William</u>	b. (Middle) <u>FRESHMAN</u>	c. (Last) <u>Goock</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>WIDOWED</u>		<u>Oct 28 1872</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years) (Months) (Days) (Hours) (Min.)	
<u>SHAPLER</u>		<u>83 0 21</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
_____		<u>Pike Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		<u>U S A</u>	

13. FATHER'S NAME <u>Reuben B Goock</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET Hendrix</u>		14. NAME OF HUSBAND OR WIFE <u>ELKA Goock</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>9160</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oran Goock</u> ADDRESS <u>Bowling Green Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffered from stroke</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Bowling Green</u> (COUNTY) <u>Pike</u> (STATE) <u>Mo.</u>	

21d. TIME OF INJURY <u>April 18 1956 8P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Have been down</u>	
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased <u>live</u> on <u>April 18, 1956</u> , and that death occurred at <u>8P</u> m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>J. B. Hudd</u> <u>Covered</u>		23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>Apr-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 20 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	
24d. LOCATION (City, town, or county) <u>Bowling Green</u>		24e. LOCATION (City, town, or county) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankard</u> ADDRESS <u>Bowling Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-21-56</u>		REGISTRAR'S SIGNATURE <u>Bell Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankard</u> ADDRESS <u>Bowling Green Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Harold Kirska*.....

Licensed Embalmer No. *42*

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.

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