

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42017**

FILED JAN 8 1957

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 100

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Higginsville	c. LENGTH OF STAY (in this place) 10 yr	c. CITY OR TOWN Higginsville	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		e. STREET ADDRESS (If rural, give location) Lipper Ave.	

054/0

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) GEORGE	b. (Middle) J.	c. (Last) GOETZ	(Month) 12	(Day) 21	(Year) 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 18, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Ind		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Goetz	13b. MOTHER'S MAIDEN NAME Barbara Roedel	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Albert Goetz	ADDRESS Mayview, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Instant
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Thrombosis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic heart disease		Years =
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 15, 1956, to Dec 21, 1956, that I last saw the deceased alive on Dec 15, 1956, and that death occurred at 9:08 m., from the causes and on the date stated above.

23a. SIGNATURE W. Koppensauer MD	(Degree or title) of	23b. ADDRESS Higginsville Mo	DATE SIGNED Jan 7-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-56	24c. NAME OF CEMETERY OR CREMATORY ### Evangelical	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.
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DATE REC'D. BY-LOCAL REG. Jan 5-57	REGISTRAR'S SIGNATURE Clayton H. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE Forest R. Wolfe	ADDRESS Higginsville, Mo.
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154

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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 *Forrest R Hoyle*.....

Licensed Embalmer No... 4801.....

P. O. Address Higginsville,

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.