

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4027**

FILED FEB 26 1957

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi S.E. of Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi S.E. of Salisbury</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>Price</u> c. (Last) <u>Gooch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1957</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 20, 1864</u>
		9. AGE (In years last birthday) <u>92</u> IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Gooch</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Minor</u>		14. NAME OF HUSBAND OR WIFE <u>Dudley Anne Robertson Gooch</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Daniel Gooch Salisbury Mo</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>		15 yrs.	
				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>loss of sight</u>				2 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		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) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1957 to Feb 19, 1957, that I last saw the deceased alive on 2-17, 1957, and that death occurred at 8:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Kauter M.D.</u>		23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>2/20/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-21-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke Cemetery</u>	
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DATE REC'D BY LOCAL REG. <u>2/21-57</u>		REGISTRAR'S SIGNATURE <u>W. H. Kauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B Winhelmege Salisbury Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550

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 Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.