THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5731

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 East 7th.St. — Length of stay in 1b 28days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Syracuse 0710 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 2Mi.South Syracuse — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First CORA Middle BELLE Last GOCHENOUR

4. DATE OF DEATH Month February Day 10th. Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Oct.22,1874
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Downs
14. MOTHER'S MAIDEN NAME Ella Steele

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT Address R. E. Kirchner, Syracuse, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic C-V disease
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1957, to Feb 10 57 and last saw her alive on Feb 10 1957
Death occurred at 4:50 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P V Siegel MD (Degree or title) — 22b. ADDRESS Smithton Mo — 22c. DATE SIGNED 2/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb.12.1957
23c. NAME OF CEMETERY OR CREMATORY New Lebanon Cemetery
23d. LOCATION (City, town, or county) (State) New Lebanon, Missouri

24. FUNERAL DIRECTOR James E. Richards — ADDRESS TIPTON
25. DATE RECD. BY LOCAL REG. 2-12-1957
26. REGISTRAR'S SIGNATURE Irvine Coontz, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Jerrell E. Richa

Licensed Embalmer No.....

P. O. Address.....

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.