

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1942**

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY LIVINGSTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINN			
b. CITY (If outside corporate limits, write RURAL and give township) CHILICOTHE		c. LENGTH OF STAY (In this place) 2 WKS		c. CITY OR TOWN MEADVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHILICOTHE HOSPITAL				e. STREET ADDRESS (If rural, give location) 7 MILES N.E. 0580			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDGERTON c. (Last) GOOCH			4. DATE OF DEATH (Month) (Day) (Year) JAN 5 1958		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-30-1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and State or Foreign Country) MEADVILLE, MISSOURI		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME ROLAND GOOCH			13b. MOTHER'S MAIDEN NAME ELLEN FRANCES HARRIS		14. NAME OF HUSBAND OR WIFE BYRTHA GRACE		
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. 493-42-3743		17. INFORMANT'S SIGNATURE OR NAME AURRAY GOOCH, MEADVILLE, Mo.			ADDRESS _____
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelitis DUE TO (c) Chronic Pyelonephrosis				INTERVAL BETWEEN ONSET AND DEATH 3 days 7 day 6-10 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 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.) 6000		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MEADVILLE, MISSOURI			
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 10-7-1957 to 1-5-1958 , that I last saw the deceased alive on 1-5-1958 , and that death occurred at 5:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. B. Bryan				23b. ADDRESS Do, Wheeling, Mo.		23c. DATE SIGNED 1-7-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-7-58		24c. NAME OF CEMETERY OR CREMATORY MEADVILLE, CEMETERY		24d. LOCATION (City, town, or county) (State) MEADVILLE, MISSOURI	
DATE REC'D BY LOCAL REG. 1-7-58		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROTHERS FUNERAL HOME, MEADVILLE, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1962

AUG - 0 1959

JAN 15 1958

JUL 15 1959

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 *W. P. Knight*

Licensed Embalmer No. 4653

P. O. Address *Madville, Vt.*

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.