

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037054
State File No.

FILED OCT 29 1958

BIRTH NO. _____		REG. DIST. NO. <u>187</u>	PRIMARY REG. DIST. NO. <u>8040</u>	Registrar's No. <u>239</u>
1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILlicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (CLAY)</u> 0580		
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>7 MILE NE OF MEADVILLE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHILlicothe HOSPITAL</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BYRTHA</u>		b. (Middle) <u>GRACE</u>		c. (Last) <u>GOOCH</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-58</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-5-1882</u>	9. AGE (In years last birthday) <u>76</u> 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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MEADVILLE MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>JOHN BENEFIELD</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>GEORGE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>AUGREY GOOCH, MEADVILLE, Mo.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>56 hours</u> <u>unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>Sept 1958</u> , to <u>Oct 22, 1958</u> , that I last saw the deceased alive on <u>Oct 22, 1958</u> , and that death occurred at <u>8:50 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>William L. Fair, M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>10/25/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-24-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>MEADVILLE, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10/25/58</u>		REGISTRAR'S SIGNATURE <u>Frances D. Vaia</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BROTHERS</u> ADDRESS <u>MEADVILLE, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

1710

AUG 10 1959

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
Student Embalmer

Signed W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Meadville, Pa.

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.