

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039221  
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 65 Primary Registration District No. Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRUNSWICK</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>BRUNSWICK</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 mi NE</b>	Length of stay in lb <b>HOME</b>	d. STREET ADDRESS <b>1 1/2 mi NE.</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>JESSE — GOOCH.</b>			4. DATE OF DEATH Month Day Year <b>11-9-1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-21-1879</b>	9. AGE (Years, last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER.</b>	11. BIRTHPLACE (City and state or country) <b>SALISBURY MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Siddion Gooch.</b>			14. MOTHER'S MAIDEN NAME <b>SARA MANDIE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Wife, Jessie Gooch</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Senility Been in Bed 10 years</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> C

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>331X</b>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>BRUNSWICK</b>	COUNTY <b>MO.</b>	STATE
21. I attended the deceased from <b>March 5, 1958</b> to <b>Mar 9, 1958</b> and last saw her alive on <b>Mar 2, 1958</b> . Death occurred at <b>6 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>D. Peter</b> (Degree or title)	22b. ADDRESS <b>BRUNSWICK MO</b>	22c. DATE SIGNED <b>Nov 10-58</b>		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELLIOTT GRAVE.</b>	23d. LOCATION (City, town, or county) <b>BRUNSWICK, MO.</b>	(State)
24. FUNERAL DIRECTOR <b>J. E. McCurry</b>	ADDRESS <b>BRUNSWICK, MO</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 11-1958.</b>	26. REGISTRAR'S SIGNATURE <b>M. Boone per D. Smith.</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300-56  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *L. E. McCarty*.....

Licensed Embalmer No. *H. 100*

P. O. Address *Brunswick*

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.