

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAY 18 1960**

**=60-019873**

159

4249

124

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>JEFFERSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HILLSBORO</b>		Length of stay in lb <b>12 yrs.</b>		c. CITY OR TOWN <b>HILLSBORO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BRIDLE RIDGE ACRES</b>				d. STREET ADDRESS (If outside, give location) <b>BRIDLE RIDGE ACRES</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS HEZEKIAH GOOCH</b>				4. DATE OF DEATH Month Day Year <b>MAY 14 1960</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>(10-19*1872)</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>THOS. B. GOOCH</b>			13b. MOTHER'S MAIDEN NAME <b>MARY BROWN</b>			14. NAME OF HUSBAND OR WIFE <b>MARY M. GOOCH</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>YES</b>		17. INFORMANT Address <b>LEON HALL HILLSBORO Mo.</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>Coronary failure</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Decompensation of heart</b>							5 years		
DUE TO (c) <b>Senility</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year								
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		COUNTY		STATE	
21. I attended the deceased from <b>April 9, 60</b> to <b>May 14, 60</b> and last saw her <b>alive</b> on <b>May 14, 1960</b> Death occurred at <b>2:30 a.m.</b> on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <b>Chas. E. Owen DO.</b>				22b. ADDRESS <b>Dr Sato Mo.</b>			22c. DATE SIGNED <b>5-15-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>MAY 16 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOLLYWOOD</b>		23d. LOCATION (City, town, or county) (State) <b>JACKSON TENNESSEE</b>				
24. FUNERAL DIRECTOR <b>DIETRICH F. HOME DESOTO Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5-16-60</b>		26. REGISTRAR'S SIGNATURE <b>Oliver Richardson, Reg</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Donnell Fred Dietrich, Student Embalmer No. 585

working under my personal supervision.

Student Donnell Fred Dietrich  
Signature of Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Depto. 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.