

STANDARD CERTIFICATE OF DEATH

State File No. 29839

FILED SEP 28 1951

BIRTH NO. REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 6306 Registrar's No. 13

02601

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Marion Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Marion Twp.</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile west Marion, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Hettie Gertrude Goon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 17, 1877</u>	9. AGE (In years) (last birthday) <u>74</u>	10. MONTH <u>2</u>	11. DAYS <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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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 <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>P. Francis</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Emanuel M. Goon</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	(If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emanuel M. Goon</u>			ADDRESS <u>Marion, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>						<u>3 wks.</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Carcinomatosis</u>					<u>6 mos.</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Massive carcinoma of caecum</u>					<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>Anemia, secondary.</u>					
Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION <u>4-14-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma of caecum</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>153X</u>	(COUNTY)	(STATE)
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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?
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22. I hereby certify that I attended the deceased from April 8, 1951, to Sept. 21, 1951, that I last saw the deceased alive on Sept. 19, 1951, and that death occurred at 5:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>D.</u>	23b. ADDRESS <u>229 E. High, Jefferson City, Mo.</u>	23c. DATE SIGNED <u>Sept. 22, '51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 23 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center town</u>	24d. LOCATION (City, town, or county) (State) <u>Center town Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 22</u>	REGISTRAR'S SIGNATURE <u>Mrs. Mennie Hittmeyer</u>	70	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>200 Jefferson</u>
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RECEIVED 9-27-51

DISTRICT HEALTH OFFICE No. 8

District File Number _____

Date Filed 9-27-51

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  _____

Licensed Embalmer No. 13641

P. O. Address  _____

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.