

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25788

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Richmond		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Richmond		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 152 Hickory St.				e. STREET ADDRESS (If rural, give location) 152 Hickory St. 08910			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) ANN		c. (Last) McGAUGH		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1862		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Mercer County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Goe.		13b. MOTHER'S MAIDEN NAME (unknown) Campbell		14. NAME OF HUSBAND OR WIFE W. D. McGaugh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl McGaugh, Richmond, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis					3 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
II. OTHER-SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					332x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (COUNTY) (STATE)			
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 July 18, 1957, to July 18, 1957, that I last saw the deceased alive on July 18, 1957, and that death occurred at 4:05 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) E. E. Goe, M.D.				23b. ADDRESS Richmond		23c. DATE SIGNED 7-14-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20, 1957		24c. NAME OF CEMETERY OR CREMATORY Sanderson Cemetery		24d. LOCATION (City, town, or county) (State) Rayville, Mo.	
DATE REC'D BY LOCAL REG. 7-21-1957		REGISTRAR'S SIGNATURE Maluk Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Therman Funeral Home		ADDRESS Richmond, Mo.	

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

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 *Wm. L. Thurman*.....

Licensed Embalmer No. *4563*.....

P. O. Address *Richmond, Mo*.....

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.