

Form No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 7 1945**  
Registration District No. 258

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

Primary Registration District No. 8878

State File No. 20970  
Registrar's No. 55-

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

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Alton Woodside Twp. Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon  
(c) City or town Alton (Rural)  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hettie Mae Goatley  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr. day 22  
year 1945 hour 10 minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Andrew J. Goatley  
(c) Age of husband or wife if alive 62 years  
7. Birth date of deceased August 8 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1 1945 to April 22 1945  
that I last saw her alive on April 5 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Valves

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

Due to Heart Valves  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Dunkin County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Joseph Goodwin  
13. Birthplace Unknown  
14. Maiden name Mary E. Vance  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
920

16. (a) Informant A. J. Goatley  
(b) Address Alton, Mo.  
17. (a) Burial (b) Date thereof 4/25/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hickory Grove Cem.  
18. (c) Signature of funeral director Ray  
(b) Address Ray, Mo.  
19. (a) 6/6-45 (b) Thomas W. Williams  
(D to received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. B. Forest (M. D. qualified)  
Address Alton, Mo. Date signed 5/10/45

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**