

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27442

Registrar's No. 274

FILED SEP 1 1948

Registration District No. 276

Primary Registration District No. 6074

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

1. PLACE OF DEATH:

(a) County ST FRANCOIS

(b) City or town LEADWOOD  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST FRANCOIS

(c) City or town LEADWOOD  
(If outside city or town limits, write "RURAL")

(d) Street No. NONE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME STERLYN H. GOODSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. 498-05-4310

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ESCAL GOODSON

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased FEBRUARY 1906  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	6	16	hr. _____ min.

9. Birthplace WASHINGTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business ST. JOSEPH LEAD CO.

12. Name DAVID CROCKETT GOODSON

13. Birthplace WASHINGTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name ELA FLORENCE YOUNT

15. Birthplace WASHINGTON MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant ESCAL GOODSON

(b) Address LEADWOOD MO.

17. (a) BURIAL (b) Date thereof 8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Bert L. Soyars

(b) Address Leadwood Mo

19. (a) 8-27-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25  
year 1948 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from Aug 25 1948, to Aug 25 1948  
that I last saw him alive on Aug 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: 946

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(City or town) (County) (State)

(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 John W. ... (M. D. or other)

Address Leadwood, Mo. Date signed 8-27-48

RECEIVED

District Health Officer No. 4

District File Number 848-110

Date Filed 8-31-48

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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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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 this body is not embalmed, fact should be so stated above.