

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29247
Registrar's No. 208

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3: (a) PRINT FULL NAME Alexander Caldwell Good

3. (b) If veteran, name war World I 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Julia Bowles Good 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Apr. 2, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 9 hr. min.

9. Birthplace Kirkwood, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Actuary
11. Industry or business Mo. State Dept. of Ins.

MOTHER FATHER
12. Name Maxwell Swan Good
13. Birthplace Oakland, Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Hough
15. Birthplace Monroe City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. C. Good

(b) Address Westphalia, Mo.

17. (a) Burial (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia

18. (a) Signature of funeral director W. P. Derris MD

(b) Address 9-13-48 (c) W. P. Derris MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Westphalia 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11
year 1948 hour 5 minute 15 a. m.

21. I hereby certify that I attended the deceased from August
1948 to Sept 11 1948
that I last saw him alive on Sept 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation 3 days
Due to Branchial Asthma 10 yrs
Pulmonary Tuberculosis 4 yrs
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 13
Of autopsy 13
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 1

23. Signature W. P. Derris MD (M. D. or other)
Address Jefferson City, Mo Date signed 9/13/48

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

JAN 6 1949

OCT 19 1948

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed SEP 24 1948

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin

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.