

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2260

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 North 4th Street		d. STREET ADDRESS (If rural, give location) 325 North 4th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Holland c. (Last) Goon			4. DATE OF DEATH (Month) (Day) (Year) February 3, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1876
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Chariton County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME William Brockman	
13b. MOTHER'S MAIDEN NAME Sarah Margaret Baker		14. NAME OF HUSBAND OR WIFE William Goon	
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 Mrs. Merle Stallman; Moberly, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		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 1-11-49 , 19____, to 2-3-49 , 19____, that I last saw the deceased alive on 2-3-49 , 19____, and that death occurred at 12:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. T. Whitaker M.D.		23b. ADDRESS Moberly, Mo.	
23c. DATE SIGNED 2-5-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/5/1949	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		24d. LOCATION (City, town, or county) (State) NW of Yates, Missouri	
DATE REC'D BY LOCAL REG. Feb 5-49		REGISTRAR'S SIGNATURE Leah Williams	
5. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton		ADDRESS Huntsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No.

District File Number 2492

Date Filed FEB 14 1949

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

Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, ms

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.