

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30888

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>LAFAYETTE</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>LAFAYETTE</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		d. STREET ADDRESS (If rural, give location) <u>2112 JEFFERSON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2112 JEFFERSON</u>				d. STREET ADDRESS (If rural, give location) <u>2112 JEFFERSON</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>ELENORA</u>		b. (Middle) <u>CONOWAY</u>		c. (Last) <u>GOODMAN</u>		SEPT. 31, 1949	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov. 7, 1869</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>ALMA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>W. A. CONOWAY</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY BURKE</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES M. GOODMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORENCE LYBARGER LEX. MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emaciated Arterio-Sclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS				4500	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				4500	
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 <u>7 Sept</u> , 19 <u>49</u> , to <u>21 Sept</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>21 Sept</u> , 19 <u>49</u> , and that death occurred at <u>2:00 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jess. Ward</u> (Degree or title) <u>V</u>				23b. ADDRESS <u>Lexington</u>		23c. DATE SIGNED <u>9/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASH PEKAH</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>	
DATE REC'D BY LOCAL REG. <u>9/28/49</u>		REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>		15% F. FUNERAL DIRECTOR'S SIGNATURE <u>FOREST F. TEMPEL</u>		ADDRESS <u>LEX. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 29
District Health Officer No. 8,
District File Number _____
Date Filed 9-30-49

ward

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 *[Signature]* _____

Licensed Embalmer No. 29830

P. O. Address Levington, 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.