

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 9878

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY <b>Pike</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) - OR TOWN <b>Louisiana</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1503 Georgia Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>EDWIN</b> c. (Last) <b>GOODMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 30, 1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR <b>11</b> Months <b>19</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Piano Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Piano Salesman</b>		11. BIRTHPLACE (State or foreign country) <b>Pike Co., Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John C. Goodman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Middleton</b>	
14. NAME OF HUSBAND OR WIFE <b>Susie May Goodman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. Druey Goodman--Louisiana, Missouri</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Concussion Acquired</b> DUE TO (c) <b>None</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., park) <b>None</b>		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? <b>None</b>	
22. I hereby certify that I attended the deceased from <b>3-18, 1950</b> , to <b>3-19, 1950</b> that I last saw the deceased alive on <b>3-18, 1950</b> , and that death occurred at <b>5:10 AM.</b> , from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>			22b. ADDRESS <b>Louisiana, Missouri</b>		22c. DATE SIGNED <b>3-19-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/20/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Mar. 20, 1950</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home--Louisiana, Mo.</b>	

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

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RECEIVED

APR 1 1950

District Health Officer No. 1

District File Number 4-50-5

Date Filed APR 1 1950

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, only

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.