

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11775**

1120
1130

No. 300
10. 48

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

BIRTH NO. 372 REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6264 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY: <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hazelwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hazelwood Rt 11</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Seymour Mo Rt 117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HARVEY</u> c. (Last) <u>GOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 6 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 21, 1874</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Webster County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Good</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Pierson</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Jane Good</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl DeMore</u> ADDRESS <u>Springfield Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*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 Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <u>Atherosclerosis</u> <u>3 yrs</u>	
DUE TO (c) <u>Medullary Failure</u> <u>3 days</u>		3 3 1 X	
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) <u>Webster Mo</u>	
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>Jan 8, 1948</u> , to <u>March 6, 1950</u> , that I last saw the deceased alive on <u>March 5, 1950</u> and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Gell V. A. O.</u> (Degree or title)		23b. ADDRESS <u>Seymour Mo</u>	23c. DATE SIGNED <u>3/6/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taylor</u>	24d. LOCATION (City, town, or county) (State) <u>9 mile north of Seymour Mo</u>
DATE REC'D BY LOCAL REG. <u>3-17-50</u>	REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> 343	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Ferrell Bergman</u> ADDRESS <u>Seymour Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 20 1950

District Health Office No. 6

District File Number 350-346

Date Filed 3-21-50

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 Max L Miller.....

Licensed Embalmer No. 4720.....

P. O. Address.....

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.