

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 26 1950 STANDARD CERTIFICATE OF DEATH

State File No. **16191**
 215344
 Registrar's No. **44**

BIRTH NO.		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 1002	
1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1/2 MI. N. AVONDALE		c. LENGTH OF STAY (In this place) 5 YR.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1/2 MI. N. AVONDALE		17. 48
d. FULL NAME OF HOSPITAL OR INSTITUTION EXCELSIOR ST.			d. STREET ADDRESS (If rural, give location) EXCELSIOR ST.		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) N.	c. (Last) GOODMAN	4. DATE OF DEATH (Month) (Day) (Year) May 5 50	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 3 1863	9. AGE (In years last birthday) 86	10. IF UNDER 1 YEAR Months 5 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SAMPSON, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME NATHAN GOODMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FANNIE D. GOODMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. VIOLET TABB ADDRESS AVONDALE, MO.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombo-embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Hypertensive-arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.				INTERVAL BETWEEN ONSET AND DEATH 3 days 6 mo 10 yr
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)		4221
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 Jan 1949 to May 5, 1950 , that I last saw the deceased alive on May 5, 1950 , and that death occurred at 12:30 P.M. from the causes and on the date stated above.					
23a. SIGNATURE Malvin Langfus MD (Degree or title)			23b. ADDRESS 1000 S. 1st St. St. Louis, Mo.		23c. DATE SIGNED 5-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-7-50	24c. NAME OF CEMETERY OR CREMATORY CURTIS CEMETERY		24d. LOCATION (City, town, or county) (State) CHILLICOTHE, MO.	
DATE REC'D BY LOCAL REG. 5-7-1950	REGISTRAR'S SIGNATURE Beulah Kitchener		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS ADDRESS 832 ARMOUR RD. NORTH KANSAS CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Wm. T. Hill

Licensed Embalmer No. 4586

P. O. Address Box 47 Avonlea

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.