

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27384BIRTH NO. 50554-50 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		154!
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) BOBBY			a. (First)	b. (Middle)	c. (Last) GOODLOE
4. DATE OF DEATH AUG. 24, 1950			(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 24, 1950	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Lexington, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.	13a. FATHER'S NAME Robert Goodloe		13b. MOTHER'S MAIDEN NAME Florence Jackson		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Robert Goodloe, Lexington, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature	6 months				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) Unknown			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) --			
	II. OTHER SIGNIFICANT CONDITIONS	--			
	Conditions contributing to the death but not related to the disease or condition causing death.				
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) --	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 Aug 24 , 1950, to Aug 24 , 1950, that I last saw the deceased alive on Aug 24 , 1950, and that death occurred at 2:30 P. M. the causes and on the date stated above.					
23a. SIGNATURE Ben Harris			23b. ADDRESS Lexington, Mo.	23c. DATE SIGNED 8/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/50	24c. NAME OF CEMETERY OR CREMATORY Maohpelah	24d. LOCATION (City, town, or county) (State) Lexington, Mo.		
DATE REC'D BY LOCAL REG. Aug 30, 1950	REGISTRAR'S SIGNATURE Marion Eastbrooke	FUNERAL DIRECTOR'S SIGNATURE James F. Penney	ADDRESS Ill. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

9-5-50

RECEIVED
DISTRICT HEALTH OFFICE NO. 3
District File Number _____
Date Filed 9-5-50

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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

Geo W. Truitt

Signed _____

Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.