

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4518 State File No. 43343

BIRTH NO. _____ REG. DIST. NO. 052 PRIMARY REG. DIST. NO. 4517 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Hallater MO</u>	c. LENGTH OF STAY (at this place) <u>1 day</u>	c. CITY OR TOWN <u>West Fork</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Stone Mills on Highway 65</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harvey James</u>	b. (Middle)	c. (Last) <u>Goodall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-50</u>
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5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 28-1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Stone Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Goodall</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah C. Goodall</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>MO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>West Fork</u> ADDRESS <u>MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>30 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Embolic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from at death, to _____, 19____, that I last saw the deceased alive on Dec 27, 1950 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Roberts D.D.</u> (Degree or title)	23b. ADDRESS <u>Branson, MO</u>	23c. DATE SIGNED <u>12/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec. 31-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goodall Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West Fork MO</u>
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DATE REC'D BY LOCAL REG. <u>1-1-51</u>	REGISTRAR'S SIGNATURE <u>J. E. Caswell 376</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. O. Wheelchel</u> ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Received Jan. 1-51

DIVISION OF HEALTH OF MO.

Dist. No. 5 - Springfield

RECEIVED JAN 6 1951

Dist. File 157-62

Date Filed 1-8-51

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 Messie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Brunswick

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.