

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1744

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lincoln</i>	
b. CITY OR TOWN <i>Troy</i>	c. LENGTH OF STAY (in this place) <i>60 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Troy</i> 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>On her home</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i> b. (Middle) <i>JANE</i> c. (Last) <i>GOODRICH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-28-1951</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>5-28-1888</i>		9. AGE (In years last birthday) <i>62</i> if UNDER 1 YEAR Months <i>8</i> Days <i>0</i> if UNDER 12 HRS. Hours <i>0</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i> 0		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Richard P Keith</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah E Taylor</i>		14. NAME OF HUSBAND OR WIFE <i>James Goodrich</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Junita Althoff</i> ADDRESS <i>Troy MO</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of breast</i>		INTERVAL BETWEEN ONSET AND DEATH <i>170X</i>
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (Min.)	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 *June*, 1950, to *Jan. 28*, 1951, that I last saw the deceased alive on *Jan 27*, 1951, and that death occurred at *2 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. F. Kelley D.O. 2</i>	23b. ADDRESS <i>Troy Mo.</i>	23c. DATE SIGNED <i>2-31-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-30-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Troy Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Troy Missouri</i>
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DATE REC'D BY LOCAL REG. <i>2-1-1951</i>	REGISTRAR'S SIGNATURE <i>Emma B. Riddle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wayne McCay</i> ADDRESS <i>Troy Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0570

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 6 1951

RECEIVED

MAY 24 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Wayne McRay

Licensed Embalmer No. *3586*

P. O. Address *Jay Ms.*

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.