

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2354
16

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6267 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Webster - Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elkland Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elkland Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Jackson Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) <u>CHARLES HARVEY GOODALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-1951</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>9-27-1869</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>	
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>Vermont</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James Goodale</u>		13b. MOTHER'S MARRIEN NAME <u>Sarah Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>Theresa</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Theresa Goodale</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Prostatic Hypertrophy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>	
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) m.	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>June</u> , 19 <u>50</u> , to <u>Feb 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. O. Damron M.D.</u>		23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>2-21-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co Mo</u>
DATE REC'D BY LOCAL REG. <u>2/27/51</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u> 392	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>R B Jones Buffalo Mo.</u>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 10 1951

Dist. File 357-510

Date Filed 3-10-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Morris B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.