S. No. 300
10.48

FILED JUN 5 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

18097

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4656

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (In this place): 14 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Bond
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocahontas 8120
d. STREET ADDRESS (If rural, give location): 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): HARRY
b. (Middle): LESTER
c. (Last): GOODSON

**4. DATE OF DEATH** (Month) (Day) (Year): MAY 17, 1951

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): 9
**8. DATE OF BIRTH**: Oct. 23, 1903
**9. AGE** (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Bartender
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): Pocahontas, Ill.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Harry Goodson
**13b. MOTHER'S MAIDEN NAME**: Henrietta Holsapple
**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS

**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): CEREBRAL ANOXIA — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ATELECTOSIS RIGHT LUNG — 24 HRS
DUE TO (c): CA ESOPHAGUS — 6 MONTHS

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* DEFORMITY OF CHEST DUE TO OLD INJURY

**19a. DATE OF OPERATION**: 5/17/51
**19b. MAJOR FINDINGS OF OPERATION**: CA ESOPHAGUS
**20. AUTOPSY?** YES [X] NO [X]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 150X

22. *I hereby certify that I attended the deceased from* MAY 3, 1951, *to* MAY 17, 1951, *that I last saw the deceased alive on* MAY 17, 1951, *and that death occurred at* 1:50p *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: F. R. Bradley (Degree or title): MD
**23b. ADDRESS**: BARNES HOSPITAL
**23c. DATE SIGNED**: 5/17/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 5
**24b. DATE**: 5-18-51
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State): Pocahontas, Ill.

**DATE REC'D BY LOCAL REG.**: MAY 18 1951
**REGISTRAR'S SIGNATURE**: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1962

## 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 Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.