

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27537

FILED SEP 10 1951

BIRTH NO. 62437-51 REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5661 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> COUNTY <u>U.S.A.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Turnback</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Turnback 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. Vernon, R. 1 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Mt. Vernon, R. 1 Mo</u>	

3. NAME OF DECEASED (Type or Print), a. (First) <u>Arthur</u> b. (Middle) <u>Beyron</u> c. (Last) <u>Goodman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 5 1951</u>	9. AGE (In years last birthday) <u>15</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>Mustard Adolphus Hahn</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Carline Justus</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold E. George</u>	ADDRESS <u>Mt. Vernon 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration</u>		<u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infantile Diarrhea</u>		<u>48 hours</u>
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 <u>7640</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from Aug 5, 1951, to Aug 20, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 9:33 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold E. George D.O.</u>	(Degree or title)	23b. ADDRESS <u>Mt. Vernon, Mo</u>	23c. DATE SIGNED <u>Aug 21 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>SE. Mt. Vernon Mo</u>
DATE REC'D BY LOCAL REG. <u>8-24-51</u>	REGISTRAR'S SIGNATURE <u>W. S. Burdick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u>	ADDRESS <u>Mt. Vernon Mo</u>

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

No. 300  
10.48

550  
1

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED AUG 30 1951

Dist. File 951-1624

Date Filed 9-6-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

was not embalmed

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address W. Vernon Md

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.