

120 JAN 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 622  
Registrar's No. 1

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Liberty (Rural)</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick,</u>		<u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Son-James V. Good</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles S*E of Liberty</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ethie</u>		b. (Middle) <u>Good</u>		c. (Last) <u>Good</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-5-52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 27, 1879</u>		9. AGE (In years less birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Vance</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>William Good</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Snider</u>		ADDRESS <u>Eureka, Kan.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral atherosclerosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				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)		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>1/4</u> , 19 <u>52</u> , to <u>1/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>52</u> , and that death occurred at <u>?</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O. S. O. Schroeder</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>1/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Orrick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan-7-1952</u>		REGISTRAR'S SIGNATURE <u>Margaret Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u>		ADDRESS <u>Orrick, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Signed.....  
Student Embalmer

Signed *Victor E. Leminger* Student Embalmer No. ....

Licensed Embalmer No. *2896*

P. O. Address *Liberty 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.