

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12611
Registrar's No. 424

0396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>424</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>03.96</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2004 Ramsey Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>2004 Ramsey Avenue</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATSY</u>			b. (Middle) <u>JANE</u>		c. (Last) <u>GOAD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>10 Dec. 1873</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin County, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Cooper</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Goad</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 AND ADDRESS <u>J.C. McElwee, 2004 Ramsey Avenue, Springfield, Missouri.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensating Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Over weight</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3-10-52-4-28</u> <u>52</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4343</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>3-10</u> , 19 <u>52</u> , to <u>7-28</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>4-27</u> , 19 <u>52</u> ; and that death occurred at <u>12:10 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. E. Feller M.D.</u> (Degree or title)				23b. ADDRESS <u>609 Cherry Springfield</u>			23c. DATE SIGNED <u>4-29-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 5</u>		24b. DATE <u>4/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Muskogee, Oklahoma</u>			
DATE REC'D BY LOCAL REG. <u>4-30-52</u>		REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>			FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Fred C. Phineas, Springfield, Missouri</u>				

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.....

Ralph H. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield Missouri.

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.