

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10477

State File No. _____

FILED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. 179-180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Old Monroe Twp</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u> <u>407X</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Cuivre River 1 mi down from Old Monroe Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>3947 Geraldine</u> <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doyle</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Goodman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1953</u>		
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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>Nov. 15, 1933</u>	9. AGE (In years last birthday) <u>19</u>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Aircraft Plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James W. Goodman</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie E. Polacek</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>197-32-7315</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James W Goodman</u> ADDRESS <u>Overland Mo 3947 Geraldine</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Boat Capsizing.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E850X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>057 38</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Cuivre River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Old Monroe Twp Lincoln Co., Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 19, 1953 2:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Boat Turned Over while fishing</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Joseph J. Marsh, Coroner Lincoln Co., Mo.</u>	23b. ADDRESS <u>Troy, Missouri</u>	23c. DATE SIGNED <u>3/19/53</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 25 1953</u>	REGISTRAR'S SIGNATURE <u>Emma B Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bauman Funeral Home</u> ADDRESS <u>Overland, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
0576
3
2
1

JUL 13 1953

MAR 31 1953

MAR 25 1953

APR 14 1953

MAR 17 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gustave P. Bannan

Licensed Embalmer No. 2315

P. O. Address Overland, 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.