

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24338**

10. 300
323
FILED AUG 4 - 1953

REG. DIST. NO. **106** PRIMARY REG. DIST. NO. **4177** Registrar's No. **6**

350

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

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkton		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkton		0350 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Hazel b. (Middle) Jonell c. (Last) Goodon			4. DATE OF DEATH (Month) (Day) (Year) 7 29 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 2-6-1953	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 5 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jewel Goodon		13b. MOTHER'S MAIDEN NAME Estelle Felker	14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Estelle Goodon Clarkton, Missouri		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholitis					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 5710			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2		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 July 30, 1953 , to July 28, 1953 that I last saw the deceased alive on July 28, 1953 and that death occurred at 12:00 p.m. from the causes and on the date stated above.					
23a. SIGNATURE [Signature]			23b. ADDRESS [Address]		23c. DATE SIGNED July 30
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-31-53	24c. NAME OF CEMETERY OR CREMATORY Stanfield	24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.		
DATE REC'D BY LOCAL REG. July 30-1953		REGISTRAR'S SIGNATURE Marquitta George	440 -	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Liggott	
				ADDRESS Clarkton	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 8-3-53

COUNTY FILE NUMBER 853

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 *Lloyd M. Russell*

Licensed Embalmer No. 509- Ark

P. O. Address *Juggett Ark*

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.