

STANDARD CERTIFICATE OF DEATH

State File No. **3617**

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Saline	
b. CITY OR TOWN Marshall		c. CITY OR TOWN Slater	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0971
c. LENGTH OF STAY (In this place) 6 days		e. STREET ADDRESS (If rural, give location) 321 North Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) **LESLIE ANDREW GOODMAN**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH **Febry-5-1954**
(Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Aug 5-1891** 9. AGE (In years last birthday) **62-6-0**

10. USUAL OCCUPATION (Give kind of work done during most of work life, or retired) **Retired R.R. Locomotive Engineer**

11. BIRTH PLACE (City and State or Foreign Country) **near Slater, Saline Co, Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Joseph W. Goodman** 13b. MOTHER'S MAIDEN NAME **Alice Duncan** 14. NAME OF HUSBAND OR WIFE **Winnie Goodman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **709-109455** 17. INFORMANT'S SIGNATURE OR NAME **Mr G C Stephenson** ADDRESS **Slater, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Coronary Thrombosis**

ANTECEDENT CAUSES (b) **Carcinosis of Liver** (c) **2 yr.**

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 _____ 20. AUTOPSY? YES NO

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) **Slater, Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-30** to **2-5**, 19**54**, that I last saw the deceased alive on **2-5**, 19**54**, and that death occurred at **9400** m., from the causes and on the date stated above.

23a. SIGNATURE **O. C. McDermey MD.** (Degree or title) 23b. ADDRESS **Slater, Mo.** 23c. DATE SIGNED **2/6/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-7-54** 24c. NAME OF CEMETERY OR CREMATORY **Slater City Cemetery** 24d. LOCATION (City, town or county) (State) **Slater, Mo**

DATE REC'D BY LOCAL REG. **2-9-1954** REGISTRAR'S SIGNATURE **Sidney F Gray 385** 25. FUNERAL DIRECTOR'S SIGNATURE **J E Jones** ADDRESS **Slater, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954
APR 20 1954

FEB 24 1954

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
Signature of Student Embalmer

Signed *James E. J.*
Licensed Embalmer No. *3*
P. O. Address *State*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.