

STANDARD CERTIFICATE OF DEATH

State File No. **5203**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duenweg	
c. LENGTH OF STAY (in this place) 10 Days		d. STREET ADDRESS (If rural, give location) Duenweg, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) B B.	c. (Last) Goade	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1954
-------------------------------------	------------------------	-------------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 24	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	--	---	---------------------------------	---------------------------------	-------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newton Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	--

13a. FATHER'S NAME D.V. Goade	13b. MOTHER'S MAIDEN NAME Unknown	13c. NAME OF HUSBAND OR WIFE Mrs. Una Goade
---	---	---

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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Una Goade, Duenweg, Missouri
---	-------------------------	--

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES 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	19b. MAJOR FINDINGS OF OPERATION	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 **2-8-**, 19**52**, to **2-11**, 19**54**, that I last saw the deceased alive on **2-11**, 19**54**, and that death occurred at **7:35A** m., from the causes and on the date stated above.

23a. SIGNATURE Allice H. H. H.	(Degree or title) M.D.	23b. ADDRESS 1923 Sergeant, Joplin, Mo.	23c. DATE SIGNED 2-13-54
--	-------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-54	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 2-16-54	REGISTRAR'S SIGNATURE Johnston-Arnce-Simpson	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 23 1954

Jasper County Health Office

County File Number 54-2-143

Date Filed FEB 23 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
Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Urbett City, 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.