

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17709

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN <u>Washington Twp</u> c. LENGTH OF STAY (in this place) <u>2-8-9</u>		c. CITY OR TOWN <u>Wheatland</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) <u>State Hosp #3</u>		e. STREET ADDRESS (If rural, give location) <u>South-Wheatland</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Asa</u> (Middle) <u>Griffin</u> (Last) <u>Goodman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr-7-1869</u>
9. AGE (In years) <u>85</u> Months <u>2</u> Days <u>4</u>		10. WHETHER UNDER 14 HRS. Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levio Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>Bernard</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hoggs Records</u> ADDRESS <u>2200</u>	
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) <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 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. <u>Keyed Arteriosclerosis</u> <u>Senile psychosis</u> <u>3 yrs.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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>10/2</u> <u>1951</u> , to <u>6-11</u> , 1954, that I last saw the deceased alive on <u>6-21</u> , 1954, and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Mo</u>		23b. ADDRESS <u>Nevada Mo.</u>	
23c. DATE SIGNED <u>6/11/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	
24b. DATE <u>June 11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>SEDAWA, Mo</u>		DATE REC'D BY LOCAL REG. <u>6-11-54</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Silver Pathway - Wheatland, Mo</u>	

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

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