

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **26006**

FILED JUL 21 1954

BIRTH NO. **50103-54** REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **6196** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Leflore</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b>		b. COUNTY <b>Leflore</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Licking</b>		c. LENGTH OF STAY (in this place) <b>55 min.</b>		c. CITY OR TOWN <b>Licking</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Myers Clinic.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>1010</b>			
		e. STREET ADDRESS (If rural, give location) <b>✓</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b> b. (Middle) <b>-</b> c. (Last) <b>Good</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 10, 1954</b>	9. AGE (In years last birthday)	9. AGE (In years last birthday) <b>55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) <b>Licking Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Juan Good</b>	13b. MOTHER'S MAIDEN NAME <b>Orpha Carroll</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
-------------------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Juan Good</b>	ADDRESS <b>Licking Mo.</b>
--	----------------------------------	--	----------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>55 Min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <b>pulmonary &amp; cardiac arrest</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pulmonary thrombosis</b> DUE TO (c) <b>premature delivery</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>immature development</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7735</b>	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 July 10, 1954, to July 10, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B.J. Myers 2 DO</b>	23b. ADDRESS <b>Licking, Mo.</b>	23c. DATE SIGNED <b>7-11-54</b>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-11-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Edgemoor Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Edgemoor Mo</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>July 15, 1954</b>	REGISTRAR'S SIGNATURE <b>Elmora Hesse</b>	324	25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith Ferguson</b>	ADDRESS <b>Licking Mo</b>
---	---	-----	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
70  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ernest Ferguson  
Licensed Embalmer No. 394  
P. O. Address Picking

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.