

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41596

State File No. ....

550

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4276 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Lawrence</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pierce City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pierce City Mo 0550</i>	
c. LENGTH OF STAY (In this place) <i>4 years</i>		d. STREET ADDRESS (If rural, give location) <i>East Commercial</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>East Commercial</i>		d. STREET ADDRESS (If rural, give location) <i>East Commercial</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i> b. (Middle) <i>GOODALL</i> c. (Last) <i>GOODALL</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 24 1954</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-31-1876</i>
9. AGE (In years last birthday) <i>78</i> if under 1 year Months <i>10</i> Days <i>24</i> if under 12 mos. Hours <i></i> Min. <i></i>		11. BIRTHPLACE (State or foreign country) <i>Louisburg Kan.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroader</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	
11. BIRTHPLACE (State or foreign country) <i>Louisburg Kan.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Goodall</i>		13b. MOTHER'S MAIDEN NAME <i>Felie Ellen</i>	
14. NAME OF HUSBAND OR WIFE <i>Deldee Goodall</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Deldee Goodall</i> ADDRESS <i>Pierce City Mo</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Circulatory Failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i> ANTECEDENT CAUSES DUE TO (b) <i>Coronary Thrombosis</i> <i>1 hr.</i> DUE TO (c) <i>Arteriosclerosis</i> <i>Unknown</i> 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 <i>4201</i>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Arnold Young D.O.</i>		23b. ADDRESS <i>McAlena Mo</i>	
23c. DATE SIGNED <i>Dec 24 1954</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Dec 26 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Pierce City Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Pro</i> ADDRESS <i>Pierce City Mo</i>	
DATE REC'D BY LOCAL REG. <i>12/23 54</i>		REGISTRAR'S SIGNATURE <i>John M. Davis 46/7</i>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1937

JAN 6 1938

**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 \_\_\_\_\_

*Edwin Wilks*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Edwin Wilks*

Licensed Embalmer No. *4134*

P. O. Address *Peace 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.