

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12909**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5974** Registrar's No. **53**

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | |
| b. CITY OR TOWN Goodson (If outside corporate limits, write SURB and give name of corporation.) | | c. CITY OR TOWN Goodson | |
| c. LENGTH OF STAY (in this place) 2 1/2 mo | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0840 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mr. N. J. Goodson | | STREET ADDRESS (In rural, give location) Goodson-Village | |

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|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) Zack | | | 4. DATE OF DEATH (Month) (Day) (Year) Apr 30 1955 | | |
| 5. SEX M | | 6. COLOR OR RACE wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH July 31 1881 | | 9. AGE (In years) (Last birthday) 73 | | IF UNDER 1 YEAR: Months 8 Days 30 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and State or Foreign Country) Polk Co. Mo | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Alfred Needham | | 13b. MOTHER'S MAIDEN NAME Malissa Davis | |
| 14. NAME OF HUSBAND OR WIFE Abbie Needham | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Miss Hawkins Goodson | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage | | 19. INTERVAL BETWEEN ONSET AND DEATH 1 3/4 hrs | |

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|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage | | 19. INTERVAL BETWEEN ONSET AND DEATH 1 3/4 hrs | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | 21. ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis | | DUE TO (c) Hypertension | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 22. DATE OF OPERATION | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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 Apr 29, 1955 , to _____, 19____, that I last saw the deceased alive on Apr 29 , 19 55 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above. | | 23. SIGNATURE R. D. Chamberlain (Degree or title) | | 23b. ADDRESS Buffalo Mo | | 23c. DATE SIGNED 5-3-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE May 4/55 | | 24c. NAME OF CEMETERY OR CREMATORY Lindley Creek Cemetery N. E. of Goodson | | 24d. LOCATION (City, town, or county) (State) Mo | |
| DATE REC'D BY LOCAL REG. May 4, 1955 | | REGISTRAR'S SIGNATURE Ralph Gordon | | 25. FUNERAL DIRECTOR'S SIGNATURE Green & Blue | | ADDRESS Balwin Mo | |

(Licensed Embalmer's Signature on Reverse Side)

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 *Willard B. Erwin*

Licensed Embalmer No. *309*

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