

FILED FEB 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4459

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>					
b. CITY OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weights Memorial Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>3003 Mabel St. 2400</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) <u>HALL</u>		c. (Last) <u>GOODMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 18, 1905</u>		9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trenton Foods Inc.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Food Canning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Freeland, Penn</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Edward D. Goodman</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Klingerman</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA GOODMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA GOODMAN</u> ADDRESS <u>Trenton, Mo.</u>					
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) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Congestive Heart Failure</u> DUE TO (c) <u>Rheumatic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>8 mos</u> <u>1 year</u>	
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) _____ m. _____		
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>July</u> , 1955, to <u>Feb 19</u> , 1956, that I last saw the deceased alive on <u>Feb 19</u> , 1956, and that death occurred at <u>2:40P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>David M. Witten, M.D.</u>				23b. ADDRESS <u>1300 main St. Trenton Mo.</u>			23c. DATE SIGNED <u>Feb 22, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) <u>Trenton</u> (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-22-56</u>		REGISTRAR'S SIGNATURE <u>Diene Fair</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Blackmon</u>		ADDRESS <u>Trenton, Mo.</u>		

David Witten

(Licensed Embalmer's Statement on Reverse Side)

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

10-48

MAR 6 1958

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 *Harold L Roberts*

Licensed Embalmer No. *492*

P. O. Address *Ironton, 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.