THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37172

STATE FILE NUMBER

XC-UNKNOWN

FILED NOV 19 1956

REG.NO. 12948 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 541

1. PLACE OF DEATH

a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY IRON

c. CITY OR TOWN ANNAPOLIS — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LAFAYETTE Middle (NMI) Last GOODMAN

4. DATE OF DEATH Month NOVEMBER Day 4, Year 1956

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 9-25-87

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER WORKER

10b. KIND OF BUSINESS OR INDUSTRY TIMBER

11. BIRTHPLACE (City and state or country) ANNAPOLIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BILL GOODMAN

14. MOTHER'S MAIDEN NAME NANCY ALLISON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO (DISCHARGED FROM DRAFT)

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) GENERALIZED PERITONITIS, SECONDARY TO ACUTE SUPERIOR MESENTERIC THROMBOSIS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) GANGRENE OF THE BOWEL.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5702

19. WAS AUTOPSY PERFORMED? NO YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from November 1,1956 to November 4,1956 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Death occurred at 6:15 a.m. m on the date stated above; and to the best of my knowledge, the causes stated.

22a. SIGNATURE R. L. RAMOS, M.D., (Degree or title) Actg.Chief,Surg.Svc.

22b. ADDRESS VA HOSPITAL, POPLAR BLUFF,MO.

22c. DATE SIGNED 11-5-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 11-7-56

23c. NAME OF CEMETERY OR CREMATORY ANNAPOLIS CEMETERY

23d. LOCATION (City, town, or county) (State) ANNAPOLIS MO

24. FUNERAL DIRECTOR WHITE FUNERAL HOME IRONTON MO ADDRESS

25. DATE REC'D. BY LOCAL REG. 11/7/56

26. REGISTRAR'S SIGNATURE By

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
NOV 12 1956
BUTLER CO. HEALTH CENTER
FILE No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arcely White.....

Licensed Embalmer No. 301

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.