

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1956

State File No. **38723**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5740** Registrar's No. **228**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Lingo twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Lingo twp.</b>	
c. LENGTH OF STAY (In this place) <b>67</b>		d. STREET ADDRESS (If rural, give location) <b>South edge of New Cambria</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South edge of New Cambria</b>		e. STREET ADDRESS (If rural, give location) <b>South edge of New Cambria</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Samuel</b>	b. (Middle) <b>Jonathan</b>	c. (Last) <b>Goodson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 4, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Oct. 20, 1861</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>15</b>	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant-Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>	11. BIRTHPLACE (State or foreign country) <b>Cass County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John E. Goodson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elsea</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Lucetta Nichols</b>
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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>No.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pearl Koeppel, New Cambria, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tremor</b>		<b>Acute</b>
	ANTECEDENT CAUSES <b>Advanced arteriolar nephrosclerosis</b>		<b>3 years</b>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>due to (b) <del>or</del> purulent cystitis</b>		<b>30 years</b>
	DUE TO (c) <b>Arteriosclerosis</b>		<b>10-20 years</b>
	II. OTHER SIGNIFICANT CONDITIONS <b>Hypertrophy of Prostate gland</b>		

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>446X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 10, 1956**, to **Nov. 4, 1956**, that I last saw the deceased alive on **Nov. 1, 1956**, and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Greitas, D.O.</b>	23b. ADDRESS <b>New Cambria, Mo.</b>	23c. DATE SIGNED <b>10-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 6, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Cambria Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Cambria, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov 28/56</b>	REGISTRAR'S SIGNATURE <b>Ruth Mc Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. J. Hilliland New Cambria, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

REC 10 1956

Date Filed 11-20-56

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.

Signed \_\_\_\_\_

*R. Lester Brann*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4472*

P. O. Address *Mexico, 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.