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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010897
STATE FILE NUMBER

In McLean
C-
FILED MAR 21 1958

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Cemacat		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cemacat	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carethumville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carethumville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 202 E 10th Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harley Middle Goodman Last			4. DATE OF DEATH Month 2 Day 17 Year 58
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-13-1908
9. AGE (In years last birthday) 49		10. MONTHS 11	11. IF UNDER 1 YEAR Days 54
10a. USUAL OCCUPATION (Give kind of work done during month preceding life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Cemacat Co MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Monroe Goodman	
13b. MOTHER'S MAIDEN NAME Minnie Hurst		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT Billy Gene Goodman Address St Louis MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Muscular Hypertrophy - according to Klaus Wagner. This man died without Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DO NOT (b) Medical attention. DO NOT (c) Medical attention.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 _____		2	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ to _____ and last saw her/him alive on _____ Death occurred at 8 A M m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Gibson, Caretaker (Degree or title)		22b. ADDRESS Wardell, Mo.	22c. DATE SIGNED 3-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-19-58	23c. NAME OF CEMETERY OR CREMATORY Mt Zion	23d. LOCATION (City, town, or county) (State) Steele Mo
24. FUNERAL DIRECTOR Hermon and Co ADDRESS Steele Mo		25. DATE RECD. BY LOCAL REG. 3-10-1958	26. REGISTRAR'S SIGNATURE Fessie B. Wilke

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard forms. All diseases in Part I must be causally related.

3-80-58

MAR 19 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Richard M. Traver*
Licensed Embalmer No. *4732*
P. O. Address *State, 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.