

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041376

FILED VS DEC 1 1959

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo/</u> b. COUNTY <u>Ray</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond #2</u>		Length of stay in 1b <u>1 da</u>		c. CITY OR TOWN <u>Cowgill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Hosp</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4miles south</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Henry Smith Goddard</u>				4. DATE OF DEATH Month Day Year <u>11 19 1959</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-19-1877</u>		9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and state or country) <u>Smithville, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Goddard</u>				13b. MOTHER'S MAIDEN NAME <u>Mary A. Nave</u>				14. NAME OF HUSBAND OR WIFE <u>Laura Goddard</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>496-42-3467</u>		17. INFORMANT Address <u>Mrs. Laura Goddard, Cowgill, Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART DISEASE</u>										INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>			
DUE TO (b) <u>HEART BLOCK</u>													
DUE TO (c) <u>ARTERIO-SCLEROSIS</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>11-18-59</u> to <u>11-19-59</u> and last saw her/him alive on <u>11-19-59</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>E. O. Jay</u>				22b. ADDRESS <u>Richmond Mo</u>				22c. DATE SIGNED <u>11-21-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-22-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>				23d. LOCATION (City, town, or county) <u>Cowgill, Missouri</u>					
24. FUNERAL DIRECTOR <u>Cramer Clark, Kingston, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-24-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mahe Jackson</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address Kingston, N.Y.

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.