MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-002426
STATE FILE NUMBER

FILED VS. FEB. 8 1960 Registrar's District No. 184 Primary Registration District No. 3038 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brookfield — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 222 East Robard — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Brookfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 222 East Robard — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Goldie Middle: Lorraine Last: Radabaugh
4. DATE OF DEATH: Month: January Day: 31, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/15/1912
9. AGE (Last birthday): 47
IF UNDER 1 YEAR: Months: 11 Days: 16 — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restraunt
11. BIRTHPLACE (City and state or country): Lima, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Otto Tabler
13b. MOTHER'S MAIDEN NAME: Effie Smith
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 302-18-0292
17. INFORMANT: Carl C. Rhodes, Fort, Madison, Iowa Address: Burlington Depot

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Congestive heart failure (left side) — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignant hypertension with coronary insufficiency. — 14 years.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary insufficiency, old myocardial infarction, Diabetes mellitus, influenza.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? 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 1956, to January 30, 1960 and last saw her/him alive on Jan. 30, 1960
Death occurred at January 31, 1960 - 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. R. L. Ryals R.L. Ryals D.O.
22b. ADDRESS: 211 Linn Brookfield, Missouri
22c. DATE SIGNED: 2-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 2, 1960
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Missouri
24. FUNERAL DIRECTOR: Hill Funeral Home, Brookfield, Mo. ADDRESS:
25. DATE RECD. BY LOCAL REG.: 2-6-60
26. REGISTRAR'S SIGNATURE: Kathaline Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gerald L. Wh

Licensed Embalmer No. 417

P. O. Address Brown

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