URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1960

60-029340

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bernie — Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Goad

4. DATE OF DEATH Month July Day 5, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10-4-1870

9. AGE (last birthday) 89 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Bradford, Ark.

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

13a. FATHER'S NAME Noah Daniel

13b. MOTHER'S MAIDEN NAME Elizabeth Daniel

14. NAME OF HUSBAND OR WIFE Dr.W.H.Godd, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. Leota Harmes Address Bernie, Mo.

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis
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 7-16-1959, to 7-5-1960 and last saw alive on 7-5-1960
Death occurred at 10:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L O Kelley (Degree or title) D.O.

22b. ADDRESS Bernie, Missouri

22c. DATE SIGNED 7-8-1960

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

23b. DATE 7-7-60

23c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery

23d. LOCATION (City, town, or county) (State) Bernie, Mo.

24. FUNERAL DIRECTOR B. Duffie ADDRESS Duffie- Rainey Funeral Home Bernie, Mo.

25. DATE RECD. BY LOCAL REG. 7-13-60

26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(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 Raymond L. Duffe

Licensed Embalmer No. 4798

P. O Address Bernie,

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