

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022949

STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 2-9-7 Primary Registration District No. 6122 Registrar's No. 58

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Ray | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP Richmond Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Rayville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF DECEASED Rayville, Missouri | | d. STREET ADDRESS 2 miles NE Rayville | |
| HOSPITAL OR INSTITUTION R.F.D. #1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. LENGTH OF STAY IN lb 70 years | | | |

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| 3. NAME OF DECEASED (Type or print) First Oather Middle Alvis Last Goodman | | | 4. DATE OF DEATH Month June Day 9 Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH October 24, 1879 | 9. AGE (In years last birthday) 78 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY General Farming | 11. BIRTHPLACE (City and state or country) Ray County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Jesse W. Goodman | | 13b. MOTHER'S MAIDEN NAME Mary Clevenger | | 14. NAME OF HUSBAND OR WIFE Martha C. Smith | |

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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) No | 16. SOCIAL SECURITY NO. 495-42-7716 | 17. INFORMANT Mrs. Martha Goodman, Rayville, Missouri | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | INTERVAL BETWEEN ONSET AND DEATH 9mat |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis | | | |
| DUE TO (c) 4201 | | | |
| 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"/> |

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| 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 Month, Day, Year a.m. p.m. | | | |

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| 20d. INJURY OCCURRED WHILE AT <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 Rayville | COUNTY Ray | STATE Missouri |
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21. I attended the deceased from **5-8-58** to **6-9-58** and last saw him alive on **6-8-58**
Death occurred at **6:30 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Thomas B. Gooch, M.D. | (Degree or title) | 22b. ADDRESS Richmond, Mo. | 22c. DATE SIGNED 6/12/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 12, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Lawsen Cemetery | 23d. LOCATION (City, town, or county) (State) Lawsen, Missouri |
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| 24. FUNERAL DIRECTOR Guest-Life Funeral Home | ADDRESS Richmond, Missouri | 25. DATE RECD. BY LOCAL REG. 6-13-1958 | 26. REGISTRAR'S SIGNATURE Malcolm Jackson |
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 XXX

Signed *[Signature]* Licensed Embalmer No. 4065 P. O. Address *[Address]*

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.