N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] DEC 18 [illegible]

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40483

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis

(b) Township

(c) or City Sedalia

Registration District No. 668

Primary Registration District No. ~~668~~ 3032

Registered No. ~~328~~ 327

(d) Street No. Bothwell Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roy Norris Goode

(a) Residence, No. 1715 So. Ohio St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Goode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5, 1898

7. AGE: Years 41 | Months 7 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Service Station Operator
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syracuse Missouri

FATHER

13. NAME: Minor Goode
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Lebanon Missouri

MOTHER

15. MAIDEN NAME: Grace Baughman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syracuse Missouri

17. INFORMANT (ADDRESS): Mrs. Josephine Goode Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florence, Mo. DATE Nov. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home Sedalia, Mo.

20. FILED Nov 30, 1939 Mrs Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from As Coroners Case only, 19..., I last saw As Coroners Case only, 19..... Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Accidental death — Burns following explosion of gas fumes

Date of onset

Other contributory causes of importance: Conflagration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-27, 1939
Where did injury occur? Sedalia, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry - filling station
Manner of injury Burns
Nature of injury Following explosion of gasoline fumes

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify
(Signed) C Gordon Hauffacker M.D.
(Address) Coroner of Pettis County

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/8/59

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 L. E. Boulelin, Registered Apprentice No. ..... working under my personal supervision.

Signed L. E. Boulelin

Licensed Embalmer No. 3847

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.