

DEC 18 1939

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

40641
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750
 (b) Township 1 Primary Registration District No. 4451 Registered No. 1636
 (c) City Osage (d) Street No. Williams Hospital St.
 (e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Bernie, Mo. St. Bernie, Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Momnie E Goad
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1867
 7. AGE YEARS 72 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Doctor
 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) Nov 1939 11. Total time (years) spent in this occupation 45 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford, Ark
 FATHER 13. NAME James J Goad
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Ark
 MOTHER 15. MAIDEN NAME Quantilia P Barnes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Ky
 17. INFORMANT Mrs Clyde Jeffers (ADDRESS) Bernie, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie DATE Nov 16 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duncan Funeral Home
 20. FILED Nov 15 1939 C. B. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14 1939

22. I HEREBY CERTIFY That I attended deceased from November 14 1939 to November 14 1939
 I last saw him alive on November 14 1939 Death is said to have occurred on the date stated above, at 5:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Uremia
7/14/39
 Date of onset

Other contributory causes of importance:
Internal injuries Sustained in Auto wreck

Name of operation None Date of None
 What test confirmed diagnosis? Clinical 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 11-8 1939
 Where did injury occur? Paducah, New Mexico
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Highway
 Manner of injury Spills upset
 Nature of injury Internal injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) J. P. Johnson, M. D.
 (Address) Doniphan, Missouri

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.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

RECEIVED

District Health Officer No. 6

Signed _____

District File Number 1239519

Licensed Embalmer No. _____

Date Filed 12 21 39

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