

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35790

Registration District No. 538

Primary Registration District No. 5720

Registrar's No.

68

NOV 20 1940

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Rural, Liberty Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARETTE ELIZABETH GOAD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Goad 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 1, 1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER { 12. Name Taylor Whittaker

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Wilson

(b) Address Saco, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Beulah Madison, Co.

18. (a) Signature of funeral director Ed. H. Webb

(b) Address Fredericktown, Mo.

19. (a) Oct 24 1940 (Date received local registrar) (b) S. C. B. Laughlin (Registered Embalmer) Address Fredericktown, Mo. Date signed 10/24/40

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town Rural Liberty (If outside city or town limits, write "RURAL")
 (d) Street No. Saco Community (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-9-1940, 19____ to Oct 23, 1940 that I last saw her alive on Oct-21-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Ball Strokes
 Due to _____
 Due to _____

Other conditions Gastric Ulcer
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

Duration _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
 (b) Date of occurrence L
 (c) Where did injury occur? ✓ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? ✓ (Specify type of place) (e) Means of injury L

23. Signature M. B. Barber (M. D. or other) Address Fredericktown, Mo. Date signed 10/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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.....

Body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Myron A. LaPee

Licensed Embalmer No. *4025*

P. O. Address

Fredricktown, Mo

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.