

FILED AUG 23 1943

Registration District No. 257

Primary Registration District No. 5867

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Thayer (Rural) Twp.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 15 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Thayer (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William F. Goode

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

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

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

7. Birth date of deceased March 14 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 4 11 hr. .... min.

9. Birthplace Independence Co., Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Benjamin F. Goode

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

14. Maiden name Sarah Stewart

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

16. (a) Informant S. M. Sonner  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davis Cem.

18. (a) Signature of funeral director Leo Carr  
(b) Address Thayer, Mo.

19. (a) 8-15-43 (b) Joe V. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1943 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to July 24 1943  
that I last saw him alive on July 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Post. tubercular Obstruction of Coronary Heart Disease  
Due to General Atherosclerosis

Other conditions Parkinson's Disease  
(Include pregnancy within month of death)  
Senility

Major findings:  
Of operations.....  
Of autopsy.....

Duration 14 hrs  
PHYSICIAN  
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.....  
(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.....  
Signature Joe V. Williams (M. D. or other) MD  
Address Thayer, Mo. Date signed.....

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

75  
0  
0

75

0

0

43

43

PHYSICIAN

Underline the cause to which death should be charged statistically.

MD

1112

Casper

AUG 23 1941

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

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.**