

FILED JAN 10 1945
128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41150

Registrar's No. 9140

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Seymour Rural
(If outside city or town limits, write "RURAL")
(d) Street No. A. Route # 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ORVILLE HUBERT GOOD

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Dec. 2, 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name James H. Good
13. Birthplace Webster Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy A. Blankenship
15. Birthplace unk. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Good

(b) Address Seymour, Mo.

17. (a) Burial (b) Date thereof Dec. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faylor Cemetery

18. (a) Signature of funeral director W. K. Kelley

(b) Address Seymour, Mo.

19. (a) 12-15-44 (b) E. W. Haulley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1944 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from Dec 14, 1944 to Dec 14, 1944
that I last saw him alive on Dec 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull base Duration 12/14

Due to fracture jaw 12/14

Due to Internal injuries 12/14

Struck by automobile while

Other conditions Crossing Highway
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 1700-8
Of operations 21
Of autopsy

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 14 1944

(c) Where did injury occur? Seymour Webster Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 60 Struck by
While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Robert Glyn (M. D. or other)

Address Springfield, Mo. Date signed 12/14/44

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

FEB 20 1947

FEB 8 1947

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.....

G. H. Kelley

Licensed Embalmer No. *3334*

P. O. Address.....

Seymour 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, fact should be so stated above.

X