DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1948

Registration District No. 390

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27369

Primary Registration District No. 6014

Registrar's No. 6014

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Higbee Mo Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Goon.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 15 (Day) 1879 (Year)

8. AGE: Years 69 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Glasgow Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lewis Goon.
13. Birthplace Howard Co (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Brown
15. Birthplace Howard Co (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Thomas Goon

(b) Address Higbee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) (Date received local registrar) (b) (Registrar's signature) J H Nunn 371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 3 minute 45 a M.

21. I hereby certify that I attended the deceased from July 25, 1948 to July 25, 1948 that I last saw him alive on July 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	6 hr
Due to essential hypertension	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W Robinson (M. D. or other) DO

Address Higbee, Mo Date signed 7-26-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—PLACE NO FIGURES IN THE MARGINS

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 E. V. Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow Mo

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

If this body is not embalmed, fact should be so stated above.