

Registration District No. **84**

Primary Registration District No. **5319**

Registrar's No. **36**

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Atterville Township
(If outside city or town limits, write "RURAL" and name of township)
 (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 None
(Specify whether years, months or days)
 In this community 69 yrs 9 mos 7 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Atterville
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: ✓

3. (a) PRINT FULL NAME MYRTLE-IVY-GOOD
 3. (b) If veteran, name war: ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 19
 year 1948 hour 5 P.M. minute - M.
 21. I hereby certify that I attended the deceased from June 1 - 1943
19 to Aug 19 1948
 that I last saw her alive on Aug 19 1948
 and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Neale Goode 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased November 13 1878
(Month) (Day) (Year)

Immediate cause of death Coronary Artery
 Due to Myocardial infarction
Arteriosclerosis, fractured hip
 Due to 4 yrs ago. Fall in
crocheting
 Other conditions ✓
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 9 Days 7
 If less than one day hr. - min. -

Major findings: 935
 Of operations: ✓
 Of autopsy: ✓

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

10. Usual occupation Housewife

11. Industry or business same

12. Name John R. Cordry

13. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rutha Downs

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

16. (a) Informant Edward Goode

(b) Address Atterville Mo.

17. (a) Burial (b) Date thereof Aug 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F.O.F. Cemetery Atterville

18. (a) Signature of funeral director Ray - Painter

(b) Address Atterville Mo.

19. (a) Aug 20-48 (b) Kellie Thubbett
(Date signed local registrar) (Registrar's signature)

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? ✓ Means of injury ✓

23. Signature Pat R. Fogle (M. D. or other) MD
 Address Atterville Mo Date signed 8/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-15-48

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 Myself

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

Signed Rayson E. Harris

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Md.

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.