

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13504

939

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

BIRTH NO. _____		REG. DIST. NO. <u>814</u>		PRIMARY REG. DIST. NO. <u>6059</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Weaubleau (Rural)</u>) LENGTH OF STAY (in this place) <u>5 years</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton (Rural)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle) <u>B.</u>		c. (Last) <u>Goddard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-30-1870</u>	9. AGE (In years) (Month) (Day) (Year) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mercer County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James E. Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Foster</u>		14. NAME OF HUSBAND OR WIFE <u>James O. Goddard</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James O. Goddard - Weaubleau</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma to lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 14, 1949</u> , to <u>March 14, 1949</u> , that I last saw the deceased alive on <u>March 14, 1949</u> , and that death occurred at <u>2:10 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. W. Tillman Jr. M.D.</u>				23b. ADDRESS <u>V. Bolivar, Mo.</u>		23c. DATE SIGNED <u>3-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton, Mercer, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-16-49</u>		REGISTRAR'S SIGNATURE <u>Ruth Seaver</u> <u>288</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Goodrich, Princeton, Mo.</u>			

RECEIVED

District Health Officer No. 7,

District File Number 4-49-485

Date Filed 5-5-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. B. Goodrich

Signed _____
Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola 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.