

FILED JUN 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20562

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>83</u>							
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play, Mo.</u>		OR TOWN <u>0</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Mary</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Goodspeed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 WEEKS Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Villisca, Iowa.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>W.M. Patten</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>deceased</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>Delbert L. Pierce Fair Play, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4</u> <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Essential hypertension</u>											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										<u>HS14</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>May 23, 1949</u> , to <u>May 28, 1949</u> , that I last saw the deceased alive on <u>May 24, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>D. E. Wenzel</u>				(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Humansville, Mo.</u>				23c. DATE SIGNED <u>5-31-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Fair Play, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>June 17, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden per Jewell Barker</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin &amp; Blue</u>				ADDRESS <u>Fair Play, Mo.</u>			

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

RECEIVED

District Health Officer No. 7,

District File Number 5-49-755

Date Filed 6-22-49

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.

Student .....  
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bohivar. M.

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.