No. 300
10.48

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24273

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Little Prairie Twp. Caruthersville Rural
c. LENGTH OF STAY (in this place): 3mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caruthersville, Mo.Rt.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Little Prairie Twp. Caruthersville,Mo.Rt.1 Rural
d. STREET ADDRESS (If rural, give location): Caruthersville,Mo.Rt.1

3. NAME OF DECEASED (Type or Print): a. (First) Phylis b. (Middle) Gale c. (Last) Goodale

4. DATE OF DEATH (Month) (Day) (Year): August 8,1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: April 27,1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: 11 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Memphis,Tennessee
12. CITIZEN OF WHAT COUNTRY?: X

13a. FATHER'S NAME: W.F. Goodale
13b. MOTHER'S MAIDEN NAME: Bonzane Phillips
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W.F. Goodale Caruthersville,Rt.1

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mucous Colitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) –
DUE TO (c) –

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. –

5710

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY? YES ☐ NO ☒

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): Caruthersville,Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): – m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: –

22. *I hereby certify that I attended the deceased from* Aug. 8, 1949, *to* Aug. 8, 1949, *that I last saw the deceased alive on* Aug. 8, 1949, *and that death occurred at* 11:P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Reeves M.D.
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: 8-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug.9,1949
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: Aug.11,1949
REGISTRAR'S SIGNATURE: Lessie B. Nichols
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: William D. Pike H. S. Smith Funeral Home Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

8-49-224

AUG 13 REC'D

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 William D. Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.