

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31453**
Registrar's No. **207**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **4437**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Cairo		c. CITY (If outside corporate limits, write RURAL and give township) Cairo	
c. LENGTH OF STAY (in this place) Entire life		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILL c. (Last) GOODING			4. DATE OF DEATH (Month) (Day) (Year) September-15-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct-8-1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	9. AGE (In years last birthday) Months Days 83 11 7
11. BIRTHPLACE (State or foreign country) Cairo Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Clay Gooding		13b. MOTHER'S MAIDEN NAME Elizabeth Jane Phlips	
14. NAME OF HUSBAND OR WIFE Myrtle Mildred Gooding			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. (INFORMANT'S SIGNATURE OR NAME) Clyde Gooding		ADDRESS Huntsville Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 5 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			D.K.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
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) (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 Sept 14, 1949 , to Sept 14, 1949 , that I last saw the deceased alive on Sept 14, 1949 , and that death occurred at 8:30 P m. , from the causes and on the date stated above.			
23a. SIGNATURE P. W. Dreyer M.D.		23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 9/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Sept. -17-49	24c. NAME OF CEMETERY OR CREMATORY Grand Prairie	24d. LOCATION (City, town, or county) (State) Cairo Mo.
DATE REC'D BY LOCAL REG. 9-17-49		REGISTRAR'S SIGNATURE Paul Williams	
FUNERAL DIRECTOR'S SIGNATURE Funeral Home		ADDRESS Moberly Mo	

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

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RECEIVED SEP 19 1949
District Health Officer No. 1
District File Number 9-49-16
Date Filed SEP 19 1949

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. 8

working under my personal supervision.

Signed R. M. Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly 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.