

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1949

318

1003

State File No. 42506

Registrar's No. 10207

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42506		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Ave.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Evansville</u>		13		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4105 Flad Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>NR 1413 So. Grand Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RHODA</u>		b. (Middle) <u>B.</u>		c. (Last) <u>GOAD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12th 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 12th 1867</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>		IF UNDER 1 HRS. Hours <u>0</u> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Booneville Indiana</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Wm. C. Harpola</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Vincente</u>			14. NAME OF HUSBAND OR WIFE <u>Late James M. Goad</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Knoll 4105 Flad Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension untreated</u> DUE TO (c) <u>Scrub typhus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</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) <u>121st</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6928</u>				
22. I hereby certify that I attended the deceased from <u>Dec 8, 1949</u> , to <u>Dec 12, 1949</u> , that I last saw the deceased alive on <u>Dec 12, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE (Degree or title) <u>Moore J. G. Baker</u>				23b. ADDRESS <u>506 Olive St.</u>		23c. DATE SIGNED <u>12/13/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal MTR</u>		24b. DATE <u>12-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evansville Indiana</u>		24d. LOCATION (City, town, or county) (State) <u>Evansville Indiana</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 13 1949 J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser Mortuaries 4228 So. Kingshighway Blvd.</u>						

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

OF MORTUARY
Sole Office of Sons

8.1

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 *Eduin A. Mederand*

Licensed Embalmer No. *3024*

P. O. Address.....

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.