

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8691
State File No. 1372

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>6 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2536 BALES AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2536 BALES AVENUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 23-1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>HAMILTON</u> c. (Last) <u>GOODMAN</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN-17-1852</u>		9. AGE (In years last birthday) <u>98 YEARS</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>RETIRED - 25 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>OSAGE COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS GOODMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MELINDA PATTERSON</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. SARAH ANN KENNY GOODMAN</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 <u>MRS. HATTIE MAY LEWIS</u> ADDRESS <u>2536 BALES AVE. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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. <u>331X</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) (Min.) _____		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>3-8</u> , 19 <u>50</u> , to <u>3-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-22</u> , 19 <u>50</u> , and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. C. Coker, M.D.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3850 Perfect</u>	
23c. DATE SIGNED <u>3-23-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAR. 24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PILOT KNOB CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>OSAGE COUNTY MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>3-24-50</u> REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer, Low</u> ADDRESS <u>1331 SOUTH CREEK KANSAS CITY, MO.</u>			

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

