

FILED MAY 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15305

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1094

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY OR TOWN <u>WEBSTER GROVES</u> | | c. CITY: (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u> d. STREET ADDRESS: <u>319 LITHIA AVE</u> | |
| c. LENGTH OF STAY (in this place) <u>38 YEARS</u> | | e. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 LITHIA AVE</u> | |

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|---|--|-----------------------------------|------------|---|--|----------------------------------|--|--|---|--|-----------------|--|------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>ELLA</u> | | | a. (First) | | | b. (Middle) | | | c. (Last) <u>GOODEN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 1950</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>N</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | | 8. DATE OF BIRTH <u>9-3-1882</u> | | | 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR | | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>ROME GA</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | | |

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|--|--|--|--|--|--|---|--|--|---------------|--|--|
| 13a. FATHER'S NAME <u>Geo Byrd</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | 14. NAME OF HUSBAND OR WIFE <u>CALVIN GOODEN</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. _____ | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Alton Westfall</u> | | | ADDRESS _____ | | |

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|--|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | | | | | | |
| | | ANTECEDENT CAUSES | | | | | | | |
| | | MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | | | | | | |
| | | DUE TO (b) <u>Diabetes</u> | | | | | | | |
| | | DUE TO (c) | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>W43K</u> | | | | | | 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) | | 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 11-6 1948, to 4-24 1950, that I last saw the deceased alive on 4-24 1950, and that death occurred at 7:52 p.m., from the causes and on the date stated above.

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|---|--|------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 23b. ADDRESS <u>245 E. Parkman</u> | | 23c. DATE SIGNED <u>4-27-50</u> | |
|---|--|------------------------------------|--|---------------------------------|--|

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|---|--|--------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-29-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FATHERY DICKSON</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO</u> | |
|---|--|--------------------------|--|---|--|--|--|

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|---|--|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>4-27-50</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>22 Euclid Webster Groves</u> | |
|---|--|--|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 100
10. 48

MAY 6 1954

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 AD Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.