

5. No. 300  
v. 10.48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21203

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville -rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hancock	
c. LENGTH OF STAY (in this place) 3 hrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Cullen Hosp.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Volley b. (Middle) Leon c. (Last) Goodman			4. DATE OF DEATH April 17, 1950 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1928	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR I	IF UNDER 4 HRS. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Evertt Goodman	13b. MOTHER'S MAIDEN NAME Dozie Irene Goodman	14. NAME OF HUSBAND OR WIFE Isola Goodman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Mar 46 - Mar 49	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isola Goodman Hancock, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate  E 8 2 3' 4  3 2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) jet hwy 17 & 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waynesville Pulaski Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) April 17, 50 9:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Car accident
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22. I hereby certify that I attended the deceased from on March 17 1950 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. J. Wedges 3rd Coroner	23b. ADDRESS Crocker, Missouri	23c. DATE SIGNED 4/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/50	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	24d. LOCATION (City, town, or county) (State) Vienna Missouri
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DATE REC'D BY LOCAL REG. 6-20-50	REGISTRAR'S SIGNATURE Thelma C. Buckthorp	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Iberia, M.
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(Licensed Embalmer's Statement on Reverse Side)

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

0850  
23

0850

085

SEP 16 1950

RECEIVED 6/19/50  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 6/20/50

SEP 12 1950

JUN 21 1950

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: *Walter P. Neuge*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.