

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23119

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Cooper.</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Pilot Grove</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
c. LENGTH OF STAY (In this place) <u>59 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>MARY</u> c. (Last) <u>GOOD E</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30-1950</u>		
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5. SEX <u>Dem. W.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb-22-1857</u>	9. AGE (In years last birthday) <u>93</u>	10. UNDER 1 YEAR: Days _____	11. UNDER 2 WKS: Hours _____	12. UNDER 24 HRS: Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Aggravating</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Chamberlain</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Beechwell</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J. H. Hoode</u> ADDRESS <u>no</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seriously - 93</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>No other cause my l gradual</u> <u>no other cause my l gradual</u>		
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>794X</u>	

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 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)
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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?
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22. I hereby certify that I attended the deceased from 1930, to July 30, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. H. Hoode</u> (Degree or title)	23b. ADDRESS <u>Pilot Grove Mo</u>	23c. DATE SIGNED <u>8/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried Aug 1-50</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Em.</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
DATE REC'D BY LOCAL REG. <u>8-2-50</u>	REGISTRAR'S SIGNATURE <u>Dr. Hooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. J. H. Hoode</u> ADDRESS <u>Pilot Grove Mo</u>	

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

100
1956
SEP 19 1956

RECEIVED 8/7/57
DISTRICT HEALTH OFFICE No. E
District File Number _____
Date Filed 8/7/57

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 _____

Rayton E. Ayan

Licensed Embalmer No. _____

3074

P. O. Address _____

Pilot Grove, W.

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.