

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23289**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **632**

376

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Shade 1063	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 948 St Louis			

3. NAME OF DECEASED (Type or Print) a. (First) Missouri b. (Middle) Elizabeth c. (Last) Goodall			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH July 6, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zeb Stockstill	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bonnie Goodall, Walnut Shade, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mos
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Cerebral Hemorrhage		II. ANTERIOR CAUSES Mental conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		331X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		III. 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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g. time subject home, farm, factory, street, 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 **4-13**, 1950, to **7-14**, 1950, that I last saw the deceased alive on **7-19**, 1950, and that death occurred at **6:20P** m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Handley (Deputy or Clerk)	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 7-18-50
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE July 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Walnut Shade Cemetery	24d. LOCATION (City, town, or county) (State) Walnut Shade, Missouri
---	--------------------------------	---	---

DATE RECD BY LOCAL REG. 7-19-50	REGISTRAR'S SIGNATURE W. H. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeizer ADDRESS Springfield, Mo.
--	--	--

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.

Signed Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

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.