

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHH. J. NABBS JR.  
State File No. 26579

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>762</u>			
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>608 No. Grant</b>				d. STREET ADDRESS (If rural, give location) <b>608 No. Grant</b>				0	
3. NAME OF DECEASED (Type or Print) <b>ED</b>			a. (First)		b. (Middle) --		c. (Last) <b>GOODMAN</b>		
4. DATE OF DEATH <b>Aug. 26, 1950</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 14, 1864</b>		9. AGE (In years last birthday) <b>85</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>			
11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Joe Goodman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			
14. NAME OF HUSBAND OR WIFE <b>XX</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl Goodman, Springfield, Mo.</b>			
17. ADDRESS <b>Mo.</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Several months</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension + cerebral vascular</b>									
DUE TO (c) <b>accident</b>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		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 <b>sev. mos ago, 1950</b> , to <b>25 Aug, 1950</b> , that I last saw the deceased alive on <b>25 Aug, 1950</b> , and that death occurred at <b>7:30 pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Henry F. Knapp, MD</b>				23b. ADDRESS <b>1630 N. Jefferson, Spfld, Mo.</b>		23c. DATE SIGNED <b>28 Aug 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/30/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Birch Tree</b>		24d. LOCATION (City, town, or county) (State) <b>Birch Tree, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-28-50</b>		REGISTRAR'S SIGNATURE <b>W. E. Standley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. Lohmeyer</b>		ADDRESS <b>Springfield, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 E. Jamelle*

Licensed Embalmer No.

*3808*

P. O. Address

*Brunswick, 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.