

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27745

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Little Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Little Prairie Caruthersville-Rural	
c. LENGTH OF STAY (In this place) 34yrs		d. STREET ADDRESS (If rural, give location) Route 1, Caruthersville, Mo	
3. NAME OF DECEASED (Type or Print) a. (First) Hersie b. (Middle) Goodrum c. (Last) Goodrum			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1882
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) Carroll County, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Wash Goodrum	13b. MOTHER'S MAIDEN NAME Annie Hester	14. NAME OF HUSBAND OR WIFE Beatrice Goodrum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Goodrum-Rt.1 Caruthersvil	

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, anesthesia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deconperation with Inappreciating		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			722-2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **6/8**, 19**50**, to **8/28**, 19**50**, that I last saw the deceased alive on **8/26**, 19**50**, and that death occurred at **6:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 8/28/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-30-1950	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) Caruthersville, Missouri
DATE REC'D BY, LOCAL REG. 8-30-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H.S. SMITH FUNERAL HOME	ADDRESS Caruthersville

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

9-50-232

SEP 1 REC'D

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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

Robert F. Mc Dow

Signed.....

Student Embalmer

Licensed Embalmer No.

4752

P. O. Address

Caruthersville

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.