

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32303

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 190

970

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural, Salt Fork, Twp,</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural, Salt Fork township</b>                                   |  |
| c. LENGTH OF STAY (in this place)<br><b>15 yrs.</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>7 miles south Marshall</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 miles south Marshall</b>                                 |  |  |  |

|  |                          |                            |                          |   |
|--|--------------------------|----------------------------|--------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <b>George</b> | b. (Middle) <b>William</b> | c. (Last) <b>Goodloe</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Sept. 26th, 1950</b> |
|--|--------------------------|----------------------------|--------------------------|---|

|                       |                                  |  |   |  |   |  |
|-----------------------|----------------------------------|--|---|--|---|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never married</b> | 8. DATE OF BIRTH<br><b>Feb. 9th, 1863</b> | 9. AGE (In years last birthday)<br><b>87</b> | IF UNDER 1 YEAR<br>Months <b>7</b> Days <b>17</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|-----------------------|----------------------------------|--|---|--|---|--|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm owner</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Bath County, Kentucky</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|--|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>William S. Goodloe</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Narcissus Dennis</b> | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b> |
|---|--|---|

|   |  |  |                         |
|---|--|--|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Dave N. Goodloe, Trenton, Missouri</b> | ADDRESS<br><b>-----</b> |
|---|--|--|-------------------------|

|  |   |              |                                  |
|--|---|--------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |              | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>   |              | <b>30 hrs</b>                    |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b></b> |              | <b>6</b>                         |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death<br><b>Parvovirus leptostei</b>  |   | <b>42072</b> | <b>1094</b>                      |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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 **Aug 17, 1950** to **Sept 26, 1950**, that I last saw the deceased alive on **Aug 17, 1950** and that death occurred at **4:10** p.m., from the causes and on the date stated above.

|   |                            |                                     |                                    |
|---|----------------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>Richard W. ...</b> | (Degree or title) <b>0</b> | 23b. ADDRESS<br><b>Memphis, Mo.</b> | 23c. DATE SIGNED<br><b>9/28/50</b> |
|---|----------------------------|-------------------------------------|------------------------------------|

|  |                                    |  |  |
|--|------------------------------------|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Sept. 29, 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Smith Chapel cemetery, Saline County, Mo.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Saline County, Mo.</b> |
|--|------------------------------------|--|--|

|  |  |     |   |                         |
|--|--|-----|---|-------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Sept. 29-1950</b> | REGISTRAR'S SIGNATURE<br><b>Bidney T. Gray</b> | 385 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>CAMPBELL-LEWIS, MARSHALL-MO.</b> | ADDRESS<br><b>-----</b> |
|--|--|-----|---|-------------------------|

RECEIVED 10/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10/2/50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*R. W. Campbell Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall, N.C.

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.