S. No. 300
v. 10-48

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37849

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 35

0720

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Como township
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Como. 0720
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Welster c. (Last) Goodman

4. DATE OF DEATH (Month) (Day) (Year) Nov-16-1950

5. SEX M. 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb-28-1888
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Cager Goodman.
13b. MOTHER'S MAIDEN NAME Farming
14. NAME OF HUSBAND OR WIFE Lillie Goodman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach, INTERVAL BETWEEN ONSET AND DEATH 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓ 151X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Apperated on Bonard Skin & Cancer Hospital in nov 49

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Operation on stomach - Gave me no Report of [illegible]
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1949, to Mar 16, 1950, that I last saw the deceased alive on Mar 12, 1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE S. Carkham (Degree or title) D.O.I.
23b. ADDRESS Malden Mo.
23c. DATE SIGNED Mar 17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/18/50
24c. NAME OF CEMETERY OR CREMATORY Malden
24d. LOCATION (City, town, or county) (State) Malden Mo.

DATE REC'D BY LOCAL REG. 12-2-50
REGISTRAR'S SIGNATURE Dr. Geo W. Hunter 217
25. FUNERAL DIRECTOR'S SIGNATURE Richards And Co ADDRESS New Madrid, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RE[illegible]V[illegible]

DEC 8 1950

DISTRICT HEALTH OFFICE No.

[illegible] No.....

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 Leo Hedgpeth

Signed.....
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.