No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39649

BIRTH NO. _____ REG. DIST. NO. 36Y PRIMARY REG. DIST. NO. 4531 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Warren Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie-Jane Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin 221 2
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington 1
d. STREET ADDRESS (If rural, give location): 3rd + Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): FRANCIS
c. (Last): GOODRICH

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 21-1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 10, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr. Physician
10b. KIND OF BUSINESS OR INDUSTRY: Physician
11. BIRTHPLACE (State or foreign country): New Haven, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles P. Goodrich
13b. MOTHER'S MAIDEN NAME: Anne Arrott
14. NAME OF HUSBAND OR WIFE: Deceased

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Francis Goodrich — ADDRESS: Washington, Mo.

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): Pneumonia Bilateral Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — unknown
DUE TO (c): Chronic Myocarditis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility — 4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Sept 13, 1950, *to* Oct 10, 1950, *that I last saw the deceased alive on* Oct 9, 1950, *and that death occurred at* 12:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Hulsche M.D.
23b. ADDRESS: Warrenton Mo.
23c. DATE SIGNED: Oct 11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-1950
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery
24d. LOCATION (City, town, or county) (State): Washington Missouri

DATE REC'D BY LOCAL REG.: 10-11-50
REGISTRAR'S SIGNATURE: Floyd Logan 421 1
25. FUNERAL DIRECTOR'S SIGNATURE: Odd & C Funeral Home by M. Williamsbrink — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 15 1950
DISTRICT HEALTH OFFICE No. 4
File 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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed M D Wittenbrink

Signed .....
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.