

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3613

State File No. ....

Registrar's No. 3BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>PANGURN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>18 mo 10 da</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jasper</u>	b. (Middle) <u>D</u>	c. (Last) <u>Goddard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>March 12-1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mtn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Windsor Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Jacob Goddard</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Bruce</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-26-4263</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.R. Goddard</u>	ADDRESS <u>5401 Cabanne St. Louis, Mo.</u>
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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) <u>Isaemic hemorrhage brain stem</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cordis vascular</u> DUE TO (c) <u>renal disease with secondary</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis sinus. mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 8, 1949, to JAN 10, 1951, that I last saw the deceased alive on JAN 10, 1951, and that death occurred at 6:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. ...</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warrenton Mo.</u>	23c. DATE SIGNED <u>JAN 10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Jan. 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HENDERSON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PANGURN, ARKANSAS</u>
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DATE REC'D BY LOCAL REG. <u>1-11-51</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	421	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Nieburg &amp; Co.</u>	ADDRESS <u>Warrenton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48090  
4

File No.  
DISTRICT HEALTH OFFICE No. 4

JAN 24 1951

RECEIVED

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.....  
Student Embalmer

Signed John J. Shieburg  
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.

JAN 24 1951