

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9601

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Payson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Monroe</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Paysonville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Paysonville</i> 0820	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Robert</i> c. (Last) <i>Goode</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 23 1951</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Jan 16 1868</i>		9. AGE (In years last birthday) <i>83</i>		IF UNDER 1 YEAR Months <i>2</i> Days <i>7</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>		11. BIRTHPLACE (State or foreign country) <i>Ward Co 1 Ky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Richard Goode</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Dutton</i>		14. NAME OF HUSBAND OR WIFE <i>Katherine E Goode</i>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>John E Goode Paysonville Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>Indefinite</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Interstitial Nephritis</i>		ANTÉCEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <i>Anemia</i>			

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) <i>592X</i>	
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 *Jan 17, 1949*, to *Mar 23, 1951*, that I last saw the deceased alive on *Mar 3, 1951*, and that death occurred at *4:55 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John E Goode M.D.</i> (Degree or title)		23b. ADDRESS <i>Paysonville, Mo</i>		23c. DATE SIGNED <i>3/24/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Mar 25</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
		24d. LOCATION (City, town, or county) <i>Clarksville</i>		(State) <i>Mo</i>	

DATE REC'D BY LOCAL REG. <i>3-29-51</i>		REGISTRAR'S SIGNATURE <i>Dude Richard</i> 256		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harvey Carroll Clarksville Mo</i>	
---	--	---	--	---	--

No. 300  
10.48  
0820  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: APR 4 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-66  
Date Filed: APR 6 1951

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: *Harry L. Larosh*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2439*

P. O. Address. *Charlestown Mass*

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.