

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12085

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5415 Registrar's No. 13

1. PLACE OF DEATH  
 a. COUNTY Douglas  
 b. CITY (If outside corporate limits, write RURAL and give township and range) Douglas  
 OR TOWN Mountain Grove, Mo. c. LENGTH OF STAY (In this place) lifetime  
 d. FULL NAME OF HOSPITAL OR INSTITUTION South Star Route.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MO. b. COUNTY Douglas  
 c. CITY (If outside corporate limits, write RURAL and give township and range) Mountain Grove, Mo.  
 OR TOWN Mo. 0340  
 d. STREET ADDRESS (If rural, give location) South Star Route.

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

4. DATE OF DEATH (Month) (Day) (Year)  
April 5, 1951

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH 3/12/1873

9. AGE (In years last birthday) 78 10. MONTHS 7 11. DAYS 18 12. HOURS 0 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Housewife

11. BIRTHPLACE (State or foreign country)  
Douglas Co, Mo.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME John Woods

13b. MOTHER'S MAIDEN NAME Louisa Hale

14. NAME OF HUSBAND OR WIFE Plez Goodman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
 \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Cecil Holt, Mtn. Grove

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

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Edema  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Acute Myocarditis  
Chronic Myocarditis  
 DUE TO (c) Fractured Hip.  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 Days  
1 week  
2 yrs

19a. DATE OF OPERATION  
 \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION  
4222 F

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) \_\_\_\_\_

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 3-5, 1947 to 4-6, 1951, that I last saw the deceased alive on 4-6, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. C. Craig, D.O. (Degree or title)

23b. ADDRESS Mountain Grove Mo

23c. DATE SIGNED 4-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

24b. DATE April 6, 1951

24c. NAME OF CEMETERY OR CREMATORY Dextlow

24d. LOCATION (City, town, or county) (State)  
Dextlow MO

DATE REC'D BY LOCAL REG. 4-13-51

REGISTRAR'S SIGNATURE Uestal Bushman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Russell Barber

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

DR. Craig 40

DIVISION OF HEALTH CP NO.  
District No. 5 - Springfield

RECEIVED | APR 17 1951

Dist. File 421-832

Date Filed 4-18-51

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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.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.