

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21973

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FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5057 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kings Prairie		c. LENGTH OF STAY (in this place) Lifetime	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. 1 Monett, Mo.		d. STREET ADDRESS (If rural, give location) R.F.D. 1 Monett, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Jane c. (Last) Goodman		4. DATE OF DEATH (Month) (Day) (Year) July 7 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Monett, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John A. Carmack		13b. MOTHER'S MAIDEN NAME Ethel Jane McCarmick	14. NAME OF HUSBAND OR WIFE Adrian 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: LeRoy Goodman, Monett 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peptic Ulcer DUE TO (c) 5400 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4/10, 1945, to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 1:40a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank New M.D.		23b. ADDRESS Monett Mo	23c. DATE SIGNED 7/9/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8 1951	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) Monett Mo
DATE REC'D BY LOCAL REG. 7-9-51	REGISTRAR'S SIGNATURE W. M. West 12	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MERCER FUNERAL HOME Monett, Mo.	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 8 1951

Dist. File _____
Date Filed _____

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Dist. File 831-1440
Date Filed 8-9-51

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 Ray H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Missouri

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.