

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23691

State File No.

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits write RURAL and give township) <u>La Plata</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>La Plata</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosecoe</u> b. (Middle) <u>E.</u> c. (Last) <u>Goodling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-1951</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-10-1875</u>	9. AGE (In years last birthday) Months Days <u>76</u> <u>7</u> <u>24</u>	IF UNDER 1 YEAR Hours Min. <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John B. Goodling</u>		13b. MOTHER'S MAIDEN NAME <u>Malissa Wills</u>	
14. NAME OF HUSBAND OR WIFE <u>Beattie Goodling</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>D. J. Christie</u>		17. ADDRESS <u>La Plata Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion with myocardial infarct 1 wk.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>arteriosclerotic heart dis.</u> the underlying cause last. DUE TO (c) <u>unk.</u> 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 <u>4200</u>		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)		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 <u>June 16, 1949</u> , to <u>August 3, 1951</u> , that I last saw the deceased alive on <u>August 3, 1951</u> , and that death occurred at <u>7:41 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. Robert Kuapp</u>			23b. ADDRESS <u>La Plata, Mo.</u>		23c. DATE SIGNED <u>August 7, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>	
24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>		DATE REC'D BY LOCAL REG. <u>Aug 9 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. J. Sullivan</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>D. J. Christie</u>		ADDRESS <u>La Plata Mo.</u>			

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

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RECEIVED 8.13.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.51.132
Date Filed 8.14.51

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 D. S. Quitt

Licensed Embalmer No. 1109

P. O. Address Le Plata 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.