

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32880

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver 30yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver 0190</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>13 Mi. S.W. of Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Lee</u> b. (Middle) <u>Goddard</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19-1951</u>		
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 17-1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Active</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Bement Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Morris Goddard</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Lee</u>	13c. NAME OF HUSBAND OR WIFE <u>Gladys Moul</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-10-3559</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Goddard</u>	17. ADDRESS <u>Rt. 1 Archie 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u>		
	DUE TO (c) _____		
	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>593X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 1950 to Oct 1951, that I last saw the deceased alive on 7-19-1951, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward S. Jones</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>10-20-51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 21, 1951</u>	REGISTRAR'S SIGNATURE <u>Donna Barnhart</u>	457	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Harrisonville Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

190
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RECEIVED
OCT 27 1951
CASS COUNTY
HEALTH DEPARTMENT

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 *Floyd Ottinson* _____

Licensed Embalmer No. *3920* _____

P. O. Address *Harrisonville 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.