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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41138

FILED JAN 8 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>	
c. LENGTH OF STAY (in this place) <u>20yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Salem</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Salem</u>			

3. NAME OF DECEASED (Type or Print) <u>Robert Good</u>			4. DATE OF DEATH <u>Dec. 25, 1951</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 22, 1873</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	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>News paper Editor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (State or foreign country) <u>Delphos, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Fancis Good</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Margaret Kohl</u>	14. NAME OF HUSBAND OR WIFE <u>Ira Good</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ira Good, Salem 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial:</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 June 12, 1951, to Dec 25, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Joseph M. O.</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>12-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hobson & Gaultman, Salem, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0208411

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, on _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marshall C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Salem, 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.