

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41443**

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>5559</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HOWELL</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUTTON VALLEY</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUTTON VALLEY</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNIE</u>			b. (Middle) _____		c. (Last) <u>GOODMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-51</u>		
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>APRIL 22, 1894</u>		9. AGE (In years) (Month) (Days) (If under 1 year) (If under 2 hrs.) <u>57</u> <u>8</u> <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C. P. HENRY</u>			13b. MOTHER'S MAIDEN NAME <u>EUDORA WHITBEY</u>			14. NAME OF HUSBAND OR WIFE <u>S. R. GOODMAN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S. R. GOODMAN</u> ADDRESS <u>HUTTON VALLEY, MO.</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Epidermoid, left leg.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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) _____		191X			
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>January, 1951</u> , to <u>12/26, 1951</u> , that I last saw the deceased alive on <u>12/8, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. E. Perkins, M.D.</u> (Degree or title)				23b. ADDRESS <u>Willow Springs, Mo</u>		23c. DATE SIGNED <u>12/27/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOWELL COUNTY, MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Marjorie Bellid</u> <u>387</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Burns</u> ADDRESS <u>Willow Springs, MO</u>					

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

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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spring

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.