

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **373**
Registrar's No. **48**

FILED FEB 14 1952

BIRTH NO. _____		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give name of institution) a. STATE MO. b. COUNTY BUTLER		
b. CITY OR TOWN POPLAR BLUFF (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN RURAL-ASH HILL (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPITAL			d. STREET ADDRESS (If rural, give location) NORTH OF FISK		
3. NAME OF DECEASED (Type or Print) a. (First) BROOKS b. (Middle) ARTHUR c. (Last) GOODRICH			4. DATE OF DEATH (Month) (Day) (Year) FEB. 5 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 17, 1885	9. AGE (In years last birt day) 66	If UNDER 1 YEAR: Months 7 Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURIO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME AMUAL GOODRICH		13b. MOTHER'S MAIDEN NAME ALICE JOHNSON	
14. NAME OF HUSBAND OR WIFE ALICE GOODRICH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Alice Goodrich Fisk, Mo.		17. ADDRESS _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 days		ANTECEDENT CAUSES	
DUE TO (b) Coronary arteriosclerosis		DUE TO (c) Advancing age		II. OTHER SIGNIFICANT CONDITIONS	
DUE TO (c) Advancing age		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 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) 4201		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 2-4 , 19 52 , to 2-5 , 19 52 , that I last saw the deceased alive on 2-5 , 19 52 , and that death occurred at 3:24 p. m., from the causes and on the date stated above.	
23a. SIGNATURE (Print name or title) Robert Engelhardt M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED Feb. 5, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY LULU	
24d. LOCATION (City, town, or county) (State) SENETH-DUNKIN MO		25. FUNERAL DIRECTOR'S SIGNATURE J. C. White		ADDRESS Fisk, Mo.	
DATE REC'D BY LOCAL REG. Feb 6 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson		428-0	

01240

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

RECEIVED
FEB 13 1952
BUTLER CO. HEALTH CENTER
FILE No. 252-74

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depler 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.