

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35406  
RECEIVED

NOV 3 1952

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived 90 days or more prior to admission)						
a. COUNTY <u>Gasper</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goplin</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warbur</u> <u>073</u>						
c. LENGTH OF STAY (In this place) <u>10 da.</u>					d. STREET ADDRESS (If rural, give location)						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>					d. STREET ADDRESS						
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
a. (First) <u>Mary</u>			b. (Middle) <u>Goode</u>			c. (Last)			a. (Month) <u>10</u> (Day) <u>11</u> (Year) <u>52</u>		
(Type or Print)											
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			9. AGE (In years last birthday)			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
<u>Widowed</u>			<u>6-11-1874</u>			<u>78</u>			<u>Housewife</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
<u>Housewife</u>						<u>Warbur Pa</u>					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
<u>James P. Young</u>				<u>Amelia Mast</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>no</u>											
18. CAUSE OF DEATH					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause for line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart disease</u>					<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES						
					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
					DUE TO (b) <u>decompensation</u>						
					DUE TO (c) <u>with general edema</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				20. AUTOPSY?			
								<u>4214</u>			
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>Oct 2, 1952</u> to <u>Oct 11, 1952</u> that I last saw the deceased alive on <u>Oct 11, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE				23b. ADDRESS				23c. DATE SIGNED			
<u>Dr. E. J. Thompson</u>				<u>708 Tuscola Bldg</u>				<u>Oct 11-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town or county) (State)					
<u>Burial</u>		<u>10-13-1952</u>		<u>Forest Park Cem</u>		<u>Goplin, Mo.</u>					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
<u>10-13-52</u>		<u>Ed. J. Taylor</u>				<u>Charles Breunle</u> <u>Warbur Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

95

RECEIVED 10-27-52  
Jasper County Health Office

County File Number 52/10/824

Date Filed 10-27-52

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

F. E. Shewmaker Jr.

Student Embalmer No. 455

working under my personal supervision.

Student F. E. Shewmaker Jr.  
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.