

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41402

FILED DEC 29 1952

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 430
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Macon 0611		
c. LENGTH OF STAY (In this place) 9 Days		d. STREET ADDRESS (If rural, give location) 227 E. 4th St. /		
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirksville Osteopathic Hosp.				
3. NAME OF DECEASED (Type or Print) a. (First) MONROE		b. (Middle) GOODING		c. (Last) GOODING
4. DATE OF DEATH December 13, 1952				
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 1, 1874	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) Macon Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Hicks, Macon, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of recto-sigmoid junction with metastases... DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153x		
19a. DATE OF OPERATION 12-5-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of recto-sigmoid junction with metastases along the aorta and iliac vessels		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-14 1952, to 12-13-52, 1952, that I last saw the deceased alive on 12-13, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.				
23a. SIGNATURE N. S. Polunsky, D.O.		23b. ADDRESS 200 W. Jefferson		23c. DATE SIGNED 12-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-16-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
		24d. LOCATION (City, town, or county) Macon, Missouri		(State)
DATE RECD BY LOCAL REG. 12-20-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Skinner's Home for Funeral, Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

5013

**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

*Clayton D. Robert*

Licensed Embalmer No. *4005*

P. O. Address *Macon, 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.