

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4788

State File No.

FILED FEB 24 1953

REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-OSAGE TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-OSAGE TWP	
c. LENGTH OF STAY (In this place) 3 YRS.		d. STREET ADDRESS (If rural, give location) 1 Mi. S-RICH Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mi. S-RICH Hill			
3. NAME OF DECEASED a. (First) FRAND b. (Middle) SIGEL c. (Last) GOODE.		4. DATE OF DEATH (Month) (Day) (Year) FEB-19-1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE-29-1863
9. AGE (In years last birthday) 89	10. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) MADISON WISCONSIN	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME CHARLES GOODE.	13b. MOTHER'S MAIDEN NAME LOVICA SELBY	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Beatha White Rich Hill, Mo. ADDRESS	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 4 WEEKS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) CONGESTIVE HEART FAILURE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		
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)	
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 DEC 1952 , to FEB 19, 1953 , that I last saw the deceased alive on 18 Feb, 1953 , and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Thomas F. Boyd M.D. (Name or title)		23b. ADDRESS Rich Hill, Mo.	23c. DATE SIGNED 2-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-22-1953	24c. NAME OF CEMETERY OR CREMATORY WEST POINT CEMETERY	24d. LOCATION (City, town, or county) (State) AMSTERDAM, MISSOURI
DATE REC'D BY LOCAL REG. Feb 22 1953	REGISTRAR'S SIGNATURE Mr. Samuel D. Anglin	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Serv Rich Hill, Mo. ADDRESS	

APR 23 1957

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 Robert S. Stumbeck

Licensed Embalmer No. 4657

P. O. Address Bethel, Me.

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.