

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 201 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) YRS _____		d. STREET ADDRESS (If rural, give location) <u>1620 CONNER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1620 CONNER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>W.</u> c. (Last) <u>GOODMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIEF CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RAILWAY</u>		8. DATE OF BIRTH <u>OCT. 16, 1886</u>	
				9. AGE (In years last birthday) <u>66</u>	
				11. BIRTHPLACE (State or foreign country) <u>LACLEDE COUNTY, MO.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOHN GOODMAN</u>		13b. MOTHER'S MAIDEN NAME <u>GOODMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE GOODMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MINNIE GOODMAN, 1620 CONNER</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					<u>1/2 hour</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			<u>1/2 hour</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Occlusion</u>				
		DUE TO (c) <u>4201</u>				
II. OTHER SIGNIFICANT CONDITIONS		<u>Right hemiparesis + aphasia</u>			<u>?</u>	
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)		
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 2-9, 1953, to 2-9, 1953, that I last saw the deceased alive on 2-9, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Koehler, M.D.</u> (Degree or title)		23b. ADDRESS <u>805 Frisco Bldg Joplin Mo</u>		23c. DATE SIGNED <u>2-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL</u>	
DATE REC'D BY LOCAL REG. <u>2/13/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 138		24d. LOCATION (City, town, or county) (State) <u>JOPLIN Mo.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

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

RECEIVED 2-16-53
Jasper County Health Office

County File Number 53/2/170

Date Filed 2-17-53

MAY 13 1961

MAY 3 0 1961

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joplin 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.