

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20666**

FILED JUN 29 1953

BIRTH NO. REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **81**

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) Adrian		c. CITY (If outside corporate limits, write RURAL and give township) Adrian	
c. LENGTH OF STAY (in this place) 40 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) c. (Last) Goodbar			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 10, 1871	9. AGE (In years last birthday) 81 # UNDER 1 YEAR 11 # UNDER 24 HRS. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Colliersville Virginia	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME William Harvey Goodbar	13b. MOTHER'S MAIDEN NAME Senthia Agnes Harris	14. NAME OF HUSBAND OR WIFE Nancy Elizabeth Goodbar
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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. None	17. INFORMANT'S SIGNATURE OR NAME Earl Goodbar, Adrian Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis and Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
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 446X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 15, 1953**, to **June 16, 1953**, that I last saw the deceased alive on **June 16, 1953**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Robinson M.D.	23b. ADDRESS Adrian, Mo.	23c. DATE SIGNED 6-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-23-53	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	24d. LOCATION (City, town, or county) (State) Adrian Mo.
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DATE REC'D BY LOCAL REG. 6-23-53	REGISTRAR'S SIGNATURE Myra Owens 16-0	25. FUNERAL DIRECTOR'S SIGNATURE Lif. Funeral Service Adrian Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

6591 9 1153
-1002-

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..... *Adrian M*

Signed.....
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.