

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21180

State File No. ....

FILED JUN 24 1953

|   |  |  |   |  |  |   |  |
|---|--|--|---|--|--|---|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>107</u>  |   | PRIMARY REG. DIST. NO. <u>3019</u>   |  | Registrar's No. <u>74</u>   |  |
| 1. PLACE OF DEATH   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). |  |   |  |
| a. COUNTY<br><u>Dunklin</u>   |  | b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kennett</u>  |   | c. LENGTH OF STAY (in this place)<br>Yrs. <u>0</u>                                     |  | a. STATE<br><u>Mo</u>   |  |
| c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kennett</u>   |  | d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Dunklin Co. Mem. Hosp.</u>   |   | d. STREET ADDRESS (If rural, give location)  |  |   |  |
| 3. NAME OF DECEASED   |  |  |   | 4. DATE OF DEATH   |  | 5. AGE (In years last birthday)   |  |
| a. (First)<br><u>Arthur</u>   |  | b. (Middle)<br><u>U.</u>   |   | c. (Last)<br><u>Goodman Sr.</u>  |  | (Month) (Day) (Year)<br><u>June 15, 1953</u>  |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>               |  | 8. DATE OF BIRTH<br><u>April 17, 1870</u>   |  |
| 9. AGE (In years last birthday)<br><u>83</u>  |  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u>   |   | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u>                                       |  | 11. BIRTHPLACE (State or foreign country)<br><u>Ky.</u>                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>   |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |  |
| 13a. FATHER'S NAME<br><u>Elisha Goodman</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>D K</u> |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Cora Goodman</u>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Arthur U. Goodman Jr. Kennett Mo</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epithelioma of Lower Lip &amp; metastases to Lungs.</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Morbidity, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (Min.)                              |  |
| 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>June 3, 1953</u> , to <u>June 15, 1953</u> , that I last saw the deceased alive on <u>June 15, 1953</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above. |  |  |   |  |  |   |  |
| 23a. SIGNATURE (Dress or title)<br><u>George W. ...</u>   |  |  |   | 23b. ADDRESS<br><u>Kennett Mo</u>  |  | 23c. DATE SIGNED<br><u>6/19/53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u>  |  | 24b. DATE<br><u>June 17, 1953</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Ridge Cem.</u>                            |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kennett Mo</u>                  |  |
| DATE REC'D BY LOCAL REG.<br><u>6-19-53</u>  |  | REGISTRAR'S SIGNATURE<br><u>Earl ...</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. H. Irby</u>                                  |  | ADDRESS<br><u>Rector Ark.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

2352  
0

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 6-22-53  
COUNTY FILE NUMBER ..... 653-173

**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 *Wan Mr Bunde* .....

Licensed Embalmer No. *776* .....

P. O. Address *Reston Va* .....

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.