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 WHILE PLAINLY-USING UNFADING BLACK INK-MAKE A PERMANENT RECORD  
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**THE DIVISION OF HEALTH OF MISSOURI**  
**STANDARD CERTIFICATE OF DEATH**

State File No. **23292**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1661**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Clayton</b> OR TOWN c. LENGTH OF STAY (in this place) <b>2 weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b> d. STREET ADDRESS (If rural, give location) <b>656 Salem Ave.</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>Elbridge Alvah Goodhue</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 9, 1953</b>		
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 1, 1897</b>	<b>9. AGE</b> (In years last birthday) <b>56</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Math Instructor</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Missouri School of Mines</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Williamsburg, Mass.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>Elbridge W. Goodhue</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Carrie Jane Stebbins</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ruth Goodhue nee Veino</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	<b>16. SOCIAL SECURITY NO.</b> <b>490-30-9103</b>	<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <b>Mrs. Ruth Goodhue, 656 Salem, Rolla, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> <i>Cerebral apoplexy!</i> <b>ANTECEDENT CAUSES</b> <i>Remaining carcinoma of bladder 1 yr</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>One day</i>
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<b>19a. DATE OF OPERATION</b> <b>6-30-52</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Carcinoma of urinary bladder 181x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 6:16 5:02, 10:08, 6:3, that I last saw the deceased alive on 6-8-53, 19, and that death occurred at 11:45P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>Louis H. Parary M.D.</i>	<b>23b. ADDRESS</b> <i>814 Elm St. Rolla, Mo.</i>	<b>23c. DATE SIGNED</b> <b>6-17-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>June 9, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Rolla, Missouri</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Rolla, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-15-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Hubert R. Daulton</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <i>W. H. Hollan</i> <b>1100 Elm, Rolla, Mo.</b>
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JUN 26 1953

AUG 6 1953

STATEMENT BY LICENSED EMBALMER

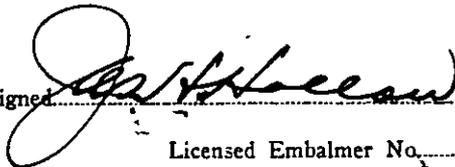
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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.