No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

609 State File No. 27387

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. ~~6084~~ Registrar's No. 146

0970

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

1. PLACE OF DEATH
a. COUNTY: Saline Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Black Water Twp Marshal Junction
c. LENGTH OF STAY (in this place): 4 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McNeish Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Houstonia 0800
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Goodson

4. DATE OF DEATH (Month) (Day) (Year): July 23 53

5. SEX: Mo
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: June 21 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Columbia Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John T Goodson
13b. MOTHER'S MAIDEN NAME: Mary Smith
14. NAME OF HUSBAND OR WIFE: Ida Bell Goodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): L (If yes, give war or dates of service): L
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Henry Smith — ADDRESS: Houstonia Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Gangrene — INTERVAL BETWEEN ONSET AND DEATH: 2mon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
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: 260 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1953, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 12,45 m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John McNeish D.O.
23b. ADDRESS: Houstonia, Mo R2D
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-26-53
24c. NAME OF CEMETERY OR CREMATORY: Houstonia
24d. LOCATION (City, town, or county) (State): Houstonia Mo

DATE REC'D BY LOCAL REG.: July 24-1953
REGISTRAR'S SIGNATURE: Sidney T Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Westbrook Houstonia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 H. W. Smiley

Licensed Embalmer No. 3987

P. O. Address Housatonic

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.