No. 300
10-48

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

FILED SEP 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29560

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phlaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Missouri 0850 /
d. STREET ADDRESS (If rural, give location): Rural Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Seth
b. (Middle): Lee
c. (Last): Goodrich

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: June 17, 1910

9. AGE (In years last birthday): 43
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): Dozer Operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction Work

11. BIRTHPLACE (State or foreign country): Laquey, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles A. Goodrich

13b. MOTHER'S MAIDEN NAME: Mary Alice Gladden

14. NAME OF HUSBAND OR WIFE: Melzona Goodrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 547-12-0018

17. INFORMANT'S SIGNATURE OR NAME: Riley Goodrich
ADDRESS: Waynesville, 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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary artery
DUE TO (c) heart disease — 2 yrs.

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: 4201

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* 1951, 19__, *to* Aug 1953 *that I last saw the deceased alive on* Aug 26 1953 *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: R E Russell 0 (Degree or title) MD

23b. ADDRESS: Waynesville, Missouri

23c. DATE SIGNED: Aug 29 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 30-1953

24c. NAME OF CEMETERY OR CREMATORY: Buckhorn Cemetery

24d. LOCATION (City, town, or county) (State): Waynesville, Mo Rural

DATE REC'D BY LOCAL REG.: Sept. 1, 1953

REGISTRAR'S SIGNATURE: Nadine L. Stoll

25. FUNERAL DIRECTOR'S SIGNATURE: B Hedges
ADDRESS: Hedges Funeral Home Waynesville, Mo

380-0 (Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed 2-9-53

SEP 10 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Clarence F Moss

Signed .....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.