

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40494

FILED DEC 4-1953

State File No. 11249
Registrar's No. 11249

BIRTH MO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 11249			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (in this place) 18 Years		c. CITY OR TOWN St. Louis, Mo.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1844 R. South 9th.				e. STREET ADDRESS (If rural, give location) 23 1844 R. South 9th.					
3. NAME OF DECEASED (Type or Print) a. (First) ALICE			b. (Middle) _____		c. (Last) GOAD		4. DATE OF DEATH (Month) (Day) (Year) November 26, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 10, 1890		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Buckhorn, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Fate Barrett			13b. MOTHER'S MAIDEN NAME Cynthia Thornbery			14. NAME OF HUSBAND OR WIFE Harvey Goad, 1844 S. 9th.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey Goad, 1844 S. 9th., St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Gall Bladder DUE TO (c) metastases to liver, etc. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructive Jaundice						INTERVAL BETWEEN ONSET AND DEATH 8 mo. +	
19a. DATE OF OPERATION November 9, 1953		19b. MAJOR FINDINGS OF OPERATION Biopsy, Carcinoma Gall Bladder & liver metastases.						20. AUTOPSY? 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 155X					
22. I hereby certify that I attended the deceased from Oct. 26, 1953, to Nov. 9, 1953, that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. R. Lewick				23b. ADDRESS Mo. Baptist Hospital			23c. DATE SIGNED 11-27-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 11-29-1953		24c. NAME OF CEMETERY OR CREMATORY Barrett Cemetery		24d. LOCATION (City, town, or county) (State) Buckhorn, Missouri			
DATE REC'D BY LOCAL REG. NOV 27 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.				

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

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.....
Signature of Student Embalmer

Signed *A. G. Jarvis*.....

Licensed Embalmer No. *338*
P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.