

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **472**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau) c. LENGTH OF STAY (in this place) 12 yr.		c. CITY OR TOWN Cape Gir. Mo. d. Is 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. 748 Giboney Ave.		e. STREET ADDRESS (If rural, give location) 748 Giboney 016 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) C c. (Last) Goodman		4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 2 1898
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 4 Days 14		IF UNDER 24 HRS. Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Dallas Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Jackson Jones 13b. MOTHER'S MAIDEN NAME Elizabeth Wainwright 14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 498-22-0370	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Norma Scott Cape Gir. Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus INTERVAL BETWEEN ONSET AND DEATH 5 years ANTECEDENT CAUSES DUE TO (b) Chl hepatitis 3 years DUE TO (c) Chl myocarditis 2 years 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 174X
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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 <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 Jan. 1, 1949 , to Jan 16, 1954 , that I last saw the deceased alive on 1-16, 1954 , and that death occurred at 2 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. R. W. Ashley		23b. ADDRESS CAPE GIRARDEAU Mo 23c. DATE SIGNED 1-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 18 1954	24c. NAME OF CEMETERY OR CREMATORY Morgans Cemetery	24d. LOCATION, (City, town, or county) (State) Advance Mo. Mo
DATE REC'D BY LOCAL REG. 1-20-54	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe B. Howell Cape Gir. 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: *W. H. Easter*

Licensed Embalmer No. *356*

P. O. Address *Cape G*

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.