

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3938

State File No.

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **21** PRIMARY REG. DIST. NO. **5085** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Westpoint Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Westpoint Twp A070	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Samuel c. (Last) Goode	4. DATE OF DEATH (Month) (Day) (Year) 2-15-1954
---	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-12-1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
--------------------	-------------------------------	---	-----------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bates Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME Benjamin Goode	13b. MOTHER'S MAIDEN NAME Mary Ann Hilton	14. NAME OF HUSBAND OR WIFE Clara Goode
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Stanley Goode	ADDRESS Amsterdam, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 12 Hours 10 years 10 yrs Ago.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bacterial Endocarditis		
	DUE TO (c) Acute Rheumatic Arthritis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 400X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 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 **July 1942**, 19___, to **Feb. 15, 1954**, that I last saw the deceased alive on **Feb. 12, 1954**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Schubert, D.O. (Degree or title)	23b. ADDRESS Amaret Missouri	23c. DATE SIGNED 2-18-54
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-18-54	24c. NAME OF CEMETERY OR CREMATORY Westpoint Cemetery	24d. LOCATION (City, town, or county), (State) Bates Co. Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 2-18-54	REGISTRAR'S SIGNATURE L. E. Troupe 488-0	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold ADDRESS Amsterdam, Mo.
---	--	--

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

No. 300
10.48

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. 3650

P. O. Address Adrian 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.