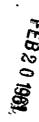
		- 0 405 -	77-	IE DIVISION OF HE	ALTH"OF MISSO	JRI				1.4	
,	FILED APR	20 1954	STA	NDARD CERTIF	FICATE OF DE	ATH	State	File No	14	585	
BIRTH NO REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 3072 Registrar's No.											
Ì	I. PLACE OF DEA	TH			2. USUAL RESID	ENCE (WE	ere decessed li	ved. If in	titution:	residence before	
ŀ	a. COUNTY Sali	ine						e admission).			
	b, CITY (If outside co:	rporate limite, write I									
		OR township) STAY (in this place TOWN Marshall, 14 yea				s TOWN Marshall,				tesidence within limits of ity or incorporated town? es M No	
	d. FULL NAME OF a		STREET ADDRESS	(If rural, gi	ve location)		097	12			
	HOSPITAL OR INSTITUTION	364 W.Marion					6				
•	3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE	(Month)	(Day)	(Year)	
	(Type or Print)	Willa		(Goodlev	1		Apri		,,	
5. SEX 2 6. COLOR OR RACE			7. MARI	RIED, NEVER MARRIED, WED, DIVORCED (Specific			9. AGE (In years) IF UNDER		TEAR I	F UNDER 14 HES.	
Ţ	Female	legro		WED, DIVORCED (Specify)	Feb.24.19	1	last birthday) Months Day			Hours Min.	
•	10a. USUAL OCCUPATIO	N (Give kind of work		ND OF BUSINESS OR IN-	11. BIRTHPLACE (City and State or Foreign C			أ ح	12. CITI	ZEN OF WHAT	
	done during most of workle Housewife	ng life, even if retired)		DUSTRY	Saline County, Missour						
	38. FATHER'S NAME		13b. MOTHER'S MAIDEN								
	Ben Middl	eton		Fannie Mid			Joesph Goodlev				
	15. WAS DECEASED EVE	R IN U.S. ARMED		16. SOCIAL SECURITY	17. INFORMANT	S SIGNAT	UES OR N	AME		ADDRESS	
	(Yes, no, or unknown) (If	yes, give war or dates	of service)	none No. Mr. Joesph Goodley Mars							
•	18. CAUSE OF DEATH	GOOGA	I INTERVAL BETWEEN								
	Enter only one course per till. DISEASE OR CONDITION									AND DEATH	
line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)								-			
*This does not mean ANTECEDENT CAUSES											
	the mode of dying, such as heart failure, asthenia,	Morbid condition	s, if any, g	niping DUE TO (b)					-		
	etc. It means the dis-	the underlying car	use last.	*	•				1		
	ease, injury, or complica- tion which caused death.	injury, or complica- DUE TO (c)							-		
	tion which caused aeath.	Conditions contril	buting to th						.		
	19a. DATE OF OPERA-	19b. MAJOR FINI						20. AUTOPSY?			
	TION				33			2/1/			
_	21a. ACCIDENT	(Specify)	21h Pl ACE	OFINJURY (e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP	,	UNTY	YES	NO TO	
	SUICIDE HOMICIDE		bome, farm,	factory, street, office bldg., etc.)	2101 (0111) 101111, 011	, ,	(00	,011117	•	JIAIL)	
	21d, TIME (Month)	(Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUPI	···				
	OF INJURY	(Des) (rear) (WHILE AT NOT WHILE	ZII. AON DID INJORT	OCCORT					
	 			WORK L AT WORK L	<u> </u>						
22. I hereby certify that I attended the deceased from Antil 9, 1954, that I last saw the deceased											
alive on April 9, 1954 and that death occurred diff: 152 m., from the causes and on the date stated											
	23a. SIGNATURE	a Ka		(Degree of title)	23b. ADDRESS	hall	Mo	•	13c. D.	ATE SIGNED	
	24n. BURAAL, CREMA-	1 24b. DATE		24c. NAME OF CEMETER	Y OR CREMATORY	24d. LOCATI	ON (City, tow	m, or cour	ıty) ,	(State)	
	TION, REMOVAL (Breatly)	4/12/54	1	Fairview Cen	netery .	Marsh	all.Mi	ຸ ຮອດນາ	ri		
ĺ	DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATUR		25. EUNEMAL DIREC		TURE		DRESS		
1	4-16.195 REG.	Kedney	スタ	385	Leon	eft	Zee	_ 7//	2	aboll &	
£		<u> </u>		(Licensed Embalmer's S	tatement on Reverse Sid	e)		- // (THE A	
				1 No. 1	••						



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	orded on the reverse side of this certificate was emba
by me, or by	, Student Embalmer No
working under my personal supervision	
StudentSignature of Student Embalmer	Signed Source Flores Embalmer No. 4.2.2

P. O. Address Muchall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.