

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18389**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 Weeks		• STREET ADDRESS (If rural, give location) 408 E. Vine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Henry	c. (Last) Goodman	4. DATE OF DEATH (Month) (Day) (Year) June 9 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 28/1884
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Owner Funeral	11. BIRTHPLACE (City and State or Foreign Country) Home Boonville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Thomas W. Goodman	13b. MOTHER'S MAIDEN NAME Amelia Thoma	14. NAME OF HUSBAND OR WIFE Helen Kruese Goodman
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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Goodman, Boonville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion		8-10 months
	ANTECEDENT CAUSES DUE TO (b) Metastatic lesion - Cancer DUE TO (c) Prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177 X	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?

22. I hereby certify that I attended the deceased from **Sept 1953** to **JUNE 9, 1954**, that I last saw the deceased alive on **JUNE 9, 1954**, and that death occurred at **7:35 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.T. Humphreys MD.	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED JUNE 11, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 11/1954	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
24d. LOCATION (City, town, or county) (State) Boonville, Missouri		

DATE REC'D. BY LOCAL REG. 6/11/54	REGISTRAR'S SIGNATURE D. Hooper 388	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 2

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 *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Jayetta*

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.