

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40613**
 BIRTH NO. 57968-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1136

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 days		e. STREET ADDRESS (If rural, give location) Route 6, Box 828	
d. FULL NAME OF HOSPITAL OR INSTITUTION Handley Memorial Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) LAVERNE c. (Last) GOODMAN			4. DATE OF DEATH (Month) (Day) (Year) December 16, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 18, 1954
9. AGE (In years last birthday) 3		10. MONTHS 3	11. DAYS 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Leonard F. Goodman	
13b. MOTHER'S MAIDEN NAME Anna Lee Jones		14. NAME OF HUSBAND OR WIFE ---	
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. ADDRESS Leonard F. Goodman, Springfield, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatitis			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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 checked="" type="checkbox"/> NO <input 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 <u>December 14, 1954</u> , to <u>12-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>54</u> , and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David H. Hall, M.D.		23b. ADDRESS 1951 S. National Springfield Mo.	
23c. DATE SIGNED 12/22/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 18, 1954	
24c. NAME OF CEMETERY OR CREMATORY Sinking Creek		24d. LOCATION (City, town or county) (State) Near Everton Missouri	
DATE REC'D BY LOCAL REG. 12-24-54		REGISTRAR'S SIGNATURE Ernie Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Bernard F. Wing*.....

Licensed Embalmer No. *42*.....

P. O. Address *Spring*.....

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.