

M. McHaskle

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43376**

FILED FEB 14 1955

BIRTH NO. 97128-54 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5049 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Cottonwood Point</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemscot Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Cottonwood Point 0780</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>GOODMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-27-1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec-21-1954</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Donald Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>Beth Ann Walker</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald Goodman</u> ADDRESS <u>Courtlandville</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Dehydration</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Biliary Obstruction</u>					
		DUE TO (c)					
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"/>	
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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) <u>7562</u>	
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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?	
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22. I hereby certify that I attended the deceased from 12-27, 1954, to 12-27, 1954, that I last saw the deceased alive on 12/27, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. W. McHaskle M.D.</u>		23b. ADDRESS <u>Courtlandville, Mo.</u>		23c. DATE SIGNED <u>1-10-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u>	
				24d. LOCATION (City, town, or county) (State) <u>Courtlandville Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-13-55</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u> <u>406-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LaFoye and Co. Courtlandville Mo.</u> ADDRESS <u>Mo.</u>	
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PENNSBURY COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 10 1955

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^{no}₇ Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Noel C. Deane*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

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.