

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5385 Registrar's No. 15

330

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Meramec typ</u>	c. LENGTH OF STAY (in this place) <u>77 yrs</u>	c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Lee</u> b. (Middle) <u>Goade</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-55</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-29-77</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Samuel Goade</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Goade Guthera</u>	14. NAME OF HUSBAND OR WIFE <u>America Wallis Goade</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lee Goade</u>		ADDRESS <u>Salem Mo rt 3</u>	
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) <u>4200</u>	(COUNTY)	(STATE)
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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?
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22. I hereby certify that I attended the deceased from 12-3-54, 19 , to 2-6-, 1955; that I last saw the deceased alive on 2-6-, 1955, and that death occurred at 12:25 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Roy E. M... M.D.</u>	23b. ADDRESS <u>Salem Mo.</u>	23c. DATE SIGNED <u>2-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-8-55</u>	REGISTRAR'S SIGNATURE <u>Dr. M. Hart, M.D. by [unclear]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul K. Spencer</u>	ADDRESS <u>Salem Mo.</u>
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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.....
Carl H. Jensen

Licensed Embalmer No. *237*

P. O. Address *Dalton*

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.