

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10883**  
Registrar's No. **40**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **8015**

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY OR TOWN <b>RURAL NEAR</b>		c. CITY OR TOWN <b>RURAL</b>	
c. LENGTH OF STAY (In this place)		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 <b>AMAZONIA</b>		STREET ADDRESS (If rural, give location) <b>NEAR AMAZONIA</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b> b. (Middle) <b>Jane</b> c. (Last) <b>Goodloe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-20-1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>11-7-1864</b>		9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR: Months <b>5</b> Days <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Andrew Co Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Thomas Mann</b>		13b. MOTHER'S MAIDEN NAME <b>Oliver Kersey</b>		14. NAME OF HUSBAND OR WIFE <b>Cambell Goodloe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Mann Savannah Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</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 <b>354X</b>		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 **Aug**, 19**53**, to **April 20, 1955**, that I last saw the deceased alive on **April 10, 1955**, and that death occurred at **3:46 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>V. R. Wilson M.D.</b>		23b. ADDRESS <b>Rendale Mo</b>		23c. DATE SIGNED <b>4-22-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>RURAL</b>		24b. DATE <b>4-22-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fillmore</b>	
		24d. LOCATION (City, town, or county) <b>Fillmore Mo</b>		(State)	

DATE REC'D BY LOCAL REG. <b>4-22-55</b>		REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home Savannah Mo</b>	
		ADDRESS			

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

DEC 4 1959

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 *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Lawrence*

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.