

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11330

State File No. ....

FILED APR 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>CLAY</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> <u>6200</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>EXCELSIOR SPRINGS</u>		c. CITY OR TOWN <u>ORRICK, MO, RPT#1</u>	
c. LENGTH OF STAY (In this place) <u>4 WEEKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <u>B</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>6 mi WEST OF ORRICK, MO</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>R</u>	c. (Last) <u>GOODE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1955</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>WIDOWED</u> <u>2</u>	8. DATE OF BIRTH <u>OCT 16, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ORRICK, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN GOODE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY RALPH</u>	14. NAME OF HUSBAND OR WIFE <u>BERTHA C. GOODE</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. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>LAVERNE GOODE, ORRICK, MO RT. #1</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sev. hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>	ANTECEDENT CAUSES		
	DUE TO (b) <u>arteriosclerotic kidney</u>		<u>?</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>anuria</u>		<u>?</u>

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)
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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 3/2 1955, to 4/9, 1955, that I last saw the deceased alive on 4/9, 1955, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. Cranden</u> (Degree or title)	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>4/15/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY 5 MI WEST OF ORRICK, MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>4/19/55</u>	REGISTRAR'S SIGNATURE <u>Barlene Dutching</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PRICHARD FUNERAL HOME, EXCELSIOR SPRINGS, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 *Lindell Jarman*

Licensed Embalmer No. *4580*  
*Excelsior Springs*  
P. O. Address .....

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.