

FILED APR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11471**

BIRTH NO. _____		REG. DIST. NO. 106		PRIMARY REG. DIST. NO. 4178		Registrar's No. 7			
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin 0350					
b. CITY (If outside corporate limits, write RURAL and give township) Holcomb		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN Holcomb		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-City				f. STREET ADDRESS (If rural, give location) City					
3. NAME OF DECEASED (Type or Print) a. (First) DOUGLAS			b. (Middle) --			c. (Last) GODDARD			
4. DATE OF DEATH (Month) (Day) (Year) April 17, 1955		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2			
8. DATE OF BIRTH Oct. 10, 1860		9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months 6 Days 7		IF UNDER 24 HRS. Hours 7 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Kreal Springs, Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Randolph Goddard		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased (Delia Goddard)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Goldsmith, Holcomb, Mo.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Not Known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X						20. AUTOPSY? YES <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE John E. Cochran 2				23b. ADDRESS Holcomb		23c. DATE SIGNED 4/18/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 19, 1955		24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		24d. LOCATION (City, town, or county) (State) Clarkton, Missouri R.1			
DATE RECEIVED BY LOCAL REG. 4-28-55		REGISTRAR'S SIGNATURE J. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LANDESS FUNERAL HOME, CAMPBELL, MO.					

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT ... 4-26-
COUNTY FILE NUMBER 4

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 *Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell*

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.