

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17997

State File No. _____
Registrar's No. 74

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5233

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give CITY OR TOWN <u>Rural West</u>) c. LENGTH OF STAY (in this place) <u>5 da.</u>		c. CITY OR TOWN <u>1 mile west of Lisle Mo.</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>Ralph Goddard Home</u>		e. STREET ADDRESS (If rural, give location) <u>0190</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>PERRY</u> c. (Last) <u>GODDARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 26-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co. Tenn.</u>
13a. FATHER'S NAME <u>Timothy Goddard</u>		13b. MOTHER'S MAIDEN NAME <u>Amenda Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Zona Lee Goddard</u>
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>514-22-1208</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph P. Goddard</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac De-compensation</u> <u>Bronchial Asthma</u> DUE TO (c) <u>hypostatic pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>May</u> , 1950, to <u>June 11, 1955</u> , that I last saw the deceased alive on <u>June 11, 1955</u> , and that death occurred at <u>11:40 am</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. D. Marsh D.O.</u>		23b. ADDRESS <u>Drexel, Missouri</u>	
23c. DATE SIGNED <u>6/14/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Islen Wild Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Near West Line Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 17, 1955</u>		REGISTRAR'S SIGNATURE <u>Dora Howard</u> ADDRESS _____	
FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Myers</u>		ADDRESS <u>Cleveland Mo</u>	

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

SEP 28 1955

RECEIVED

RECEIVED
JUN 20 1955
CASS COUNTY
HEALTH DEPARTMENT

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 *Geo. E. Myers*

Licensed Embalmer No. *251*

P. O. Address *Cleveland*

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.