

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 62

1. PLACE OF DEATH  
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, write RURAL and give township) Neosho

c. CITY OR TOWN Neosho

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (In this place) 3 days

d. STREET ADDRESS (If rural, give location) 525 Joplin St., Neosho, Mo.

3. NAME OF DECEASED  
a. (First) Danny b. (Middle) Lee c. (Last) Goodall

4. DATE OF DEATH (Month) (Day) (Year)  
June 26, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH March 25, 1947

9. AGE (In years last birthday) Months Days 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Olen Goodall

13b. MOTHER'S MAIDEN NAME Ellen Louise Johnson

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Olen Goodall, Neosho, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anuria Acute  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Nephritis Acute  
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  
5 days  
3 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)  
Neosho Mo Newton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1955, to June 26, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:15 p., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold C. Smith M.D.

23b. ADDRESS Neosho Mo

23c. DATE SIGNED 7-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-29-55

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State) Neosho, Missouri

DATE REC'D BY LOCAL REG. 7-4-55

REGISTRAR'S SIGNATURE Melvin C. Bowman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Clark & Bigham Mortuary, Neosho, Mo.

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

RECEIVED

Dis District No. \_\_\_\_\_  
Dis Date \_\_\_\_\_  
Date Filed **JUL 8 1955**

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 Joseph O. Sullivan, Jr.  
Licensed Embalmer No. \_\_\_\_\_ 46

P. O. Address Neosho, Mo.

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.