

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19659

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5952</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spencer</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Curryville</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>3 Mi. W. Curryville</u>				e. STREET ADDRESS (If rural, give location) <u>3 Mi. West Curryville</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>BENJAMIN</u>		c. (Last) <u>GOODMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 18 1881</u>		9. AGE (in years last birthday) <u>74</u>	10. MONTHS <u>1</u>	11. DAYS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Jacob Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth White</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Holman, Bowling Green, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subject struck on head</u> DUE TO (c) <u>with blunt instrument</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>		E983X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>From home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Curryville Pike Mo.</u>		21d. HOW DID INJURY OCCUR? <u>See (b) above</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 26 55 2A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>alive on June 26, 1955</u> , and that death occurred at <u>7 A m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. O. Mudd coroner</u>			23b. ADDRESS <u>Bowling Green Mo</u>			23c. DATE SIGNED <u>July 28 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Curryville Cemetery, Curryville, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-29-55</u>		REGISTRAR'S SIGNATURE <u>Hell Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Mudd</u>		ADDRESS <u>Bowling Green, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1953

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 James O. Mudd

Licensed Embalmer No. 412

P. O. Address Baerling

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.