

FILED JUL 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

23097

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5411</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pascola</u>		c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		d. STREET ADDRESS (If rural, give location) <u>200 Block of W. 14th. St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Bragg City</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1955</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Goad</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 4, 1873</u>	
9. AGE (In years last birthday) - Months <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Chester, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Knight</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Melton</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Young</u>		ADDRESS <u>Havti, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>334X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>7-1</u> , 19 <u>55</u> , to <u>7-17</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>7-1</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.D. Kasis</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Havti, Mo</u>	
23c. DATE SIGNED <u>7-22-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		ADDRESS <u>Funeral Home C'ville. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-23-55</u>		REGISTRAR'S SIGNATURE <u>W. G. Lemmon</u>		406			

(Licensed Embalmer's Statement on Reverse Side)

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

7-220-55

JUL 27 1955

WARREN COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

Student Embalmer

Signed

H. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Missouri

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 this body is not embalmed, fact should be so stated above.