

No. 300
10.48

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34237

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5901 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Genisicot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Genisicot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Concord twp</u>		c. CITY OR TOWN <u>Concord twp</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Rt # 1 Box 109 Hayti, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Elmer</u> b. (Middle) <u>(N)</u> c. (Last) <u>Goodrich Jr.</u>		4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1907</u>
9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Charley Goodrich</u>	13b. MOTHER'S MAIDEN NAME <u>Little Willis</u>	14. NAME OF HUSBAND OR WIFE <u>Darlena Goodrich</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>75E</u>
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Little Tyler Trenton, Tennessee</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Car Wreck</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Route # P, Hayti</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Concord twp Genisicot, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-12-55 11:30Pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Wreck</u>

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 11:30Pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John St. German Coroner</u>	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>10-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Tenn Rural</u>
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DATE REC'D BY LOCAL REG. <u>12-15-55</u>	REGISTRAR'S SIGNATURE <u>John St. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Board Funeral Home Hayti, Tenn</u>
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(Licensed Embalmer's Statement on Reverse Side) 730 East Vine St.

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

10-291-55

OCT 22 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 27 1955 2 28 100

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 *John F. German*
Licensed Embalmer No. *431*

P. O. Address *Styti, J.*

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.