No. 300
10.48

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

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40378

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN: Annapolis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 04 70 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HENRY
c. (Last): GOODMAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 25 1883
9. AGE (In years last birthday): 72 — If under 1 year: Months 4, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: saw mill
11. BIRTHPLACE (City and State or Foreign Country): Annapolis Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Goodman
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Nettie Goodman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-03-6093
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Truman Dennison — ADDRESS: Pilot Knob Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 70

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4221

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 9-19 *, 1955, to* 12-22 *, 1955, that I last saw the deceased alive on* 12-22 *, 1955, and that death occurred at* 9.45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] — (Degree or title): M.D.
23b. ADDRESS: Ironton Mo.
23c. DATE SIGNED: 12-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-24-55
24c. NAME OF CEMETERY OR CREMATORY: Annapolis Cemetery
24d. LOCATION (City, town, or county) (State): Annapolis Mo.

DATE REC'D BY LOCAL REG.: 12-24-55
REGISTRAR'S SIGNATURE: Mrs Irvin Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: White Funeral Home, Ironton Mo.
(Licensed Embalmer's Statement on Reverse Side) Ancil F. White

FEB 15 1958

JAN 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ancel J. White.....

Licensed Embalmer No. 3012

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.