

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1956

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nixa		c. CITY OR TOWN Nixa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) No Street Address	
Length of stay in lb 80 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle H. Last GODDARD			4. DATE OF DEATH Month Nov. Day 9 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 25, 1876	9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and state or country) Nixa, Missouri	
13. FATHER'S NAME Samuel D. Goddard			14. MOTHER'S MAIDEN NAME Mary Ann Larkin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs. Carolyn Crane, Monett, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Carbon Monoxide Poisoning			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 15			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Birds Nest in Flue Caused Carbon Monoxide to Escape into Residence from Floor Furnace at Mrs. Myrtle Medley Home.		
20c. TIME OF INJURY Hour 7:00 Month, Day, Year a. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Nixa COUNTY Christian STATE Mo.		

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at ? 7:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Shelan Harris Coroner		22b. ADDRESS Clever (Christian Co.), Mo.	22c. DATE SIGNED 11-12-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/12/1956	23c. NAME OF CEMETERY OR CREMATORY Payne Cemetery	23d. LOCATION (City, town, or county) (State) Nixa, Missouri
24. FUNERAL DIRECTOR ADDRESS Shelan Harris, Clever, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 21, 1956	26. REGISTRAR'S SIGNATURE Olive Hatter

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

2361 3 7 21481

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.....
J. Alan Harris

Licensed Embalmer No. *43*

P. O. Address.....
Cleveland

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