

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44663

BIRTH NO.		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 4179		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Dunklin		b. CITY (If outside corporate limits, write RURAL and give township) Senath		a. STATE Mo.		b. COUNTY Dunklin	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Senath		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED		4. DATE OF DEATH			
		a. (First) Albert		b. (Middle) E.		c. (Last) Goodrich	
				4. DATE OF DEATH		(Month) (Day) (Year) Dec. 25 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-16-1879	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Dunklin County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Amy Goodrich		13b. MOTHER'S MAIDEN NAME Mary Pruitt		14. NAME OF HUSBAND OR WIFE Iva Goodrich			
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.		17. INFORMANT'S SIGNATURE OR NAME Doyle Goodrich		ADDRESS Senath, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive Cardiovascular Disease Cerebral embolism, myocardial infarction DUE TO (b) arteriosclerosis, generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic gangrene, rt leg 3 wks				5 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 1956, to Dec 25, 1956, that I last saw the deceased alive on Dec 25, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Eleanor Wheeler M.D.				23b. ADDRESS Senath, Mo.		23c. DATE SIGNED 1-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-56		24c. NAME OF CEMETERY OR CREMATORY Winkler Cemetery		24d. LOCATION (City, town, or county) (State) Senath Mo.	
DATE REC'D BY LOCAL REG. 1-12-57		REGISTRAR'S SIGNATURE Mrs. J. H. Lane		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv.		ADDRESS Senath, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

91-0

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 1-16-57  
COUNTY FILE NUMBER ..... 157-1

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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.....  
*Edwin H. Brown*

Licensed Embalmer No.... 444

P. O. Address.....  
*Seneca*

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.