No. 300
10.48

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4138

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
c. LENGTH OF STAY (In this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY OR TOWN Boonville
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
STREET ADDRESS (If rural, give location) 712 Sixth St.

3. NAME OF DECEASED (Type or Print)
a. (First) Bessie Jewell Judd
b. (Middle)
c. (Last) Good

4. DATE OF DEATH (Month) (Day) (Year) February 6 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 15th 1900
9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse Martin Judd
13b. MOTHER'S MAIDEN NAME Ellen Brunk.
14. NAME OF HUSBAND OR WIFE Newton Good.

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. -----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Newton Good, Boonville, Missouri.

MEDICAL CERTIFICATION

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) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 1-3 days

ANTECEDENT CAUSES

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

DUE TO (b) abdominal adhesions

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5705
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* 2-4-57, 19__, *to* 2-6-57, 19__, *that I last saw the deceased alive on* 2-5-57, 19__, *and that death occurred at* 5 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE B. M. Stuart, M.D. (Degree or title)
23b. ADDRESS 329 Main, Boonville Mo.
23c. DATE SIGNED 2/9/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 8 1957
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.
24d. LOCATION (City, town, or county) (State) Boonville, Missouri

DATE REC'D BY LOCAL REG. 2/9/57
REGISTRAR'S SIGNATURE B. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, M

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