

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-009529
STATE FILE NUMBER

J. W. Klingner & Co.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 321

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2455 N. Howard		d. STREET ADDRESS (If outside, give location) 2455 N. Howard	
Length of stay in lb 38 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MINNIE C. GOUDELOCK			4. DATE OF DEATH March 24, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7 Dec. 1889
9. AGE (In years last birthday) 68		10. MONTH March	11. DAY 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Riley Carter	
13b. MOTHER'S MAIDEN NAME Ora Clawson		14. NAME OF HUSBAND OR WIFE Ralph Goudelock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No [unknown]) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Ralph Goudelock		Address Springfield, 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) Cerebral malaceu			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerosis generalized			
DUE TO (c) Hypertension severe			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) ---	
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri	
21. I attended the deceased from Dec 19 50 to 3-24-58 and last saw ^{her} _{him} alive on 16 March 1958 Death occurred at 9:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Martha J. Peterson</i> (Deceased or title)		22b. ADDRESS 1211 S. Glenstone Springfield, Missouri	
22c. DATE SIGNED 3-27-58		22d. SIGNATURE <i>Effie G. Melton</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-26-58	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or country) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR J. W. Klingner & Co.		25. DATE RECD. BY LOCAL REG. 3-28-58	
ADDRESS SPRINGFIELD, MO.		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>	

400 East Pacific

SPRINGFIELD, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SPRINGFIELD, MISSOURI

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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 *Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.