

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028436

STATE FILE NUMBER 3

FILED SEP 10 1958

Registration District No. 48 Primary Registration District No. 5173A Registrar's No. 3

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar City		c. CITY OR TOWN Cedar City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main Street		d. STREET ADDRESS Main Street	
3. NAME OF DECEASED (Type or print) Neale Zunglus Goode		4. DATE OF DEATH Month Day Year September 7, 1958	
5. SEX Male <input type="radio"/>	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 April 21, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroader		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific	11. BIRTHPLACE (City and state or country) Otterville, Mo.
13a. FATHER'S NAME Henry Goode		13b. MOTHER'S MAIDEN NAME Mary Lewis	14. NAME OF HUSBAND OR WIFE Myrtle Cordry Goode
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. John Armstrong Address Cedar City, 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 hemorrhage DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 weeks Yours
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug 4, 1958 to Sept 7, 1958 and last saw him alive on Sept 7, 1958 Death occurred at 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert D. Tanner, M.D. (Degree or title)		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 9-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 8, 1958	
23c. NAME OF CEMETERY OR CREMATOR Otterville Cemetery		23d. LOCATION (City, town, or county) Otterville, Mo. (State)	
24. FUNERAL DIRECTOR Doctor Busch		25. DATE RECD. BY LOCAL REG. 8 September 1958	
ADDRESS J. Mo.		26. REGISTRAR'S SIGNATURE R. P. Norris, MD-GR	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

SEP 12 1958

SEP 17 1958

SEP 18 1958

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 *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address *g.c. mo.*

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.