

Dr. Gert

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029838

STATE FILE NUMBER

FILED SEP 10 1958

Registration District No. 267

Primary Registration District No. 5911

Registrar's No. 188

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature. If 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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pascola TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bragg City Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 24 yrs.	d. STREET ADDRESS (If outside, give location) Rt 2, Bragg City
3. NAME OF DECEASED (Type or print) First James Middle Bly Last GOODEN			4. DATE OF DEATH Month Aug. Day 17, Year 1958
5. SEX Male	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 2-20-1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farm	9c. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	10c. BIRTHPLACE (City and state or country) Chocotaw, Arkansas /
10d. CITIZEN OF WHAT COUNTRY? U. S. A.		11. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Coleman Gooden		13b. MOTHER'S MAIDEN NAME Nen Treadway	14. NAME OF HUSBAND OR WIFE Posie Gooden
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. 488-18-4456	17. INFORMANT Boyce Gooden, Box 138, Caruthersville, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ aug 16, 1958 and last saw him aug 16, 1958 Death occurred at _____ 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS has lived on _____	
22a. SIGNATURE (Doctor or title) Chelte H. Beck M.D.		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 8-31-58.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove, Cemetery	23d. LOCATION (City, town, or country) (State) Kennett, Missouri.
24. FUNERAL DIRECTOR John W. German, Hayti, Missouri		25. DATE RECD. BY LOCAL REG. 9-4-58	26. REGISTRAR'S SIGNATURE John W. German

MAR 26 1959

SEP 8 1958

CARTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *4355*
P. O. Address *Hayti, 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.