

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035700
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 494

S. 300
1-57
4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mount Zion Nursing Home		Length of stay in lb 24yrs	d. STREET ADDRESS (If outside, give location) 513 So Ellis Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Marion Last Goad			4. DATE OF DEATH Month Oct , Day 12 , Year 1958
5. SEX Male	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 Nov. 9. 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Road overseer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 91
11. BIRTHPLACE (City and state or country) Selvin Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Louis Goad		13b. MOTHER'S MAIDEN NAME Jane Taylor	
14. NAME OF HUSBAND OR WIFE Dead		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. None		17. INFORMANT Ivest Goad Address Dutchtown 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) Electrolyte imbalance, dehydration DUE TO (b) Seizure DUE TO (c) 794X 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 1 week ±
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 WORK <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 Feb 10, 1958 to Oct 12, 1958 and last seen alive Oct 10/11/58 Death occurred at 1:10PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Crowe (Degree or title)		22b. ADDRESS Cape Girardeau Mo	
22c. DATE SIGNED Oct 13, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-14-58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemt	23d. LOCATION (City, town, or county) (State) Tillman Mo.
24. FUNERAL DIRECTOR L.L.Haman ADDRESS Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. Oct. 21, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

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 *J. J. Haman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.