

FILED VS DEC 17 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 9 3  
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3079 Registrar's No. 218

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cardwell, Mo. Rt. 1</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Length of stay in lb <u>11 days</u>	d. STREET ADDRESS (If outside, give location) <u>4 miles Southwest of Cardwell</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Edward</u> Last <u>Gooden</u>			4. DATE OF DEATH Month <u>November</u> Day <u>22</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/10/1894</u>
9. AGE (In years last birthday) <u>65</u>		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) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Clinton, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Price Gooden</u>	
13b. MOTHER'S M maiden NAME <u>Mary Ann Wisdom</u>		14. NAME OF HUSBAND OR WIFE <u>Margrett Gooden (deceased)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>496-20-6214</u>	17. INFORMANT Address <u>Opil Beard Malden, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of the Lung</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 _____ 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 <u>1959</u> to <u>1959</u> and last saw <sup>him</sup> <del>her</del> alive on <u>Nov. 21, 1959</u> Death occurred at <u>10:10 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE (Doctor or title) <u>W. English M.D.</u>		22b. ADDRESS <u>Cardwell Mo</u>	22c. DATE SIGNED <u>12-8-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cardwell, Missouri</u>
24. FUNERAL DIRECTOR <u>Howard Funeral Service</u>		ADDRESS <u>Beachville Arkansas</u>	25. DATE RECD. BY LOCAL REG. <u>12-10-1959</u>
		26. REGISTRAR'S SIGNATURE <u>Paul Hubbard</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 193.140 MoRS 1959. All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

90-0

Depot, 12-14-59  
Co. Embalmer No. 1259 - 355

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 *Paul Rogers* .....

Licensed Embalmer No. *923* .....  
P. O. Address *Box 619 Bluffton* .....

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.