

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009679

ED VS MAR 8 1960

Registration District No. 362 Primary Registration District No. 6237 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hickory-Grove</u>		Length of stay in 1b <u>About 10 yrs</u>		c. CITY OR TOWN <u>Wright City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Suburban Wright City Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>(S) 411 Wright City</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Adolphus</u> Middle <u>L</u> Last <u>Goddard</u>				4. DATE OF DEATH Month <u>March</u> Day <u>1</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/10/95</u>		9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u>		IF UNDER 24 HR Hours <u>        </u> Min. <u>        </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>		11. BIRTHPLACE (City and state or country) <u>Ben Wheeler, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>						
13a. FATHER'S NAME <u>Robert E Goddard</u>			13b. MOTHER'S MAIDEN NAME <u>Maude Shaw</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude Goddard</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I</u>			16. SOCIAL SECURITY NO. <u>47 I/03-9988</u>		17. INFORMANT Address <u>Gertrude Goddard Wright City Mo</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>Heart failure</u> DUE TO (b) <u>acute coronary occlusion</u> DUE TO (c) <u>coronary insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>8 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <u>        </u> a.m. <u>        </u> p.m. <u>        </u> Month, Day, Year <u>        </u>			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 <u>Wright City</u>		COUNTY <u>Warren</u>		STATE <u>MO</u>		
21. I attended the deceased from <u>3/24/51</u> to <u>3/1/60</u> and last saw <u>her</u> alive on <u>1/30/60</u> Death occurred at <u>11/35 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Wright City, Missouri</u>				22c. DATE SIGNED <u>3/3/60</u>					
23a. BY WHOM MADE <u>[Signature]</u>		23b. DATE <u>3/4/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		23d. LOCATION (City, town, or county) <u>St Louis CO MO</u>		(State)					
24. FUNERAL DIRECTOR <u>Nieburg Furn &amp; Und CO</u>				ADDRESS <u>Wright City</u>		25. DATE RECD. BY LOCAL REG. <u>March 3, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUL 2 700. SA

STATEMENT BY LICENSED EMBALMER

MAR 9

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Julius J. Niebur

Licensed Embalmer No. 330

P. O. Address Wright

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.