

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL BUREAU OF VITAL STATISTICS
 U.S. GOVERNMENT PRINTING OFFICE: 1959 O - 348-001

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STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 132

ENDED

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 Godair		Length of stay in 1b 1 mo.	c. CITY OR TOWN Hayti
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Rt. Hayti, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Star Route
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Debrah Ann GOODRICH			4. DATE OF DEATH Month Day Year July 30, 1960	
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-60	9. AGE (last birthday) 1 Months 20 Days	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) Hayti, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Cherry Jean Goodrich	13b. MOTHER'S MAIDEN NAME Nellie Reed	14. NAME OF HUSBAND OR WIFE *****
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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. *****	17. INFORMANT Cherry J. Goodrich, Star Rt., Hayti,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 8-10h
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)		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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 6/29/60 to 7/30/60 and last saw her 7/30/60 alive on 7/30/60 Death occurred at about 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE. William O. Bryant, M.D.	(Degree or title)	22b. ADDRESS Hayti, Mo	22c. DATE SIGNED 7/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-30-60	23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	23d. LOCATION (City, town, or county) (State) Rural Pemiscot Co., Mo.
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24. FUNERAL DIRECTOR Cherry J. Goodrich, Star Rt., Hayti, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-30-60	26. REGISTRAR'S SIGNATURE Charlotte E. Slow
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

No Embalming

No Embalming.

No Embalming