

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-033753

FILED VS. SEP 27 1960 15

3004

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar			Length of stay in 1b		c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 612 W- 10th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle AUTTERBEIN Last GOODRUM				4. DATE OF DEATH Month Sept Day 17 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/17/1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Garden City, Missouri		12. CITIZEN OF WHAT COUNTRY U. A. A.
13a. FATHER'S NAME James Goodrum			13b. MOTHER'S MAIDEN NAME Martha A. Wilson			14. NAME OF HUSBAND OR WIFE Elva I. Hough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 492-28-7971		17. INFORMANT Mrs. Elva J. Goodrum, Lamar, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parkinson's Disease							INTERVAL BETWEEN ONSET AND DEATH 1953
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) Bad Sores, Poor Nutrition.					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 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
21. I attended the deceased from Dec. 1953 to Sept. 17, 1960 and last saw ^{her} him alive on Sept 17, 1960 Death occurred at 7:27 am 7:25 a. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John T. Dieckel, M.D. (Degree or title)				22b. ADDRESS Lamar, Mo.			22c. DATE SIGNED 9/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept 20 1960	23c. NAME OF CEMETERY OR CREMATORY Lake		23d. LOCATION (City, town, or county) Lamar, Missouri		
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri				25. DATE RECD. BY LOCAL REG. SEP 19 60		26. REGISTRAR'S SIGNATURE Marie Kenantz	

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar

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