

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-043081

FILED VS NOV 23 1960

278

Primary Registration District No. 3054

Registrar's No. 136

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana, Mo.		Length of stay in 1b 2da.	c. CITY OR TOWN ***** Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR1, Curryville, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ernist Middle Louis Last Goodman			4. DATE OF DEATH Month Nov. Day 12, Year 1960		
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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 8-18-82	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days 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) Farming	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) Pike Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.A.S.
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13a. FATHER'S NAME James Goodman	13b. MOTHER'S MAIDEN NAME Margared Vannoy	14. NAME OF HUSBAND OR WIFE Bertha Goodman
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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 Edna Lybarger, RR1, Curryville, Mo. Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Peripheral Circulatory Collapse		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Occlusion	
	DUE TO (c) Coronary Artery Disease	
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 checked="" 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.)
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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 11/11/60 to 11/12/60 and last saw ^{DECK} him alive on 11/12/60 Death occurred at 10:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>John R. Duffer</i> (Degree or title)	22b. ADDRESS 214 W. Church, Bowling Green, Mo.	22c. DATE SIGNED 11/14/60
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23a. BURIAL, CREATION, REQUIEM (Specify)	23b. DATE 11-15-1960	23c. NAME OF CEMETERY OR CREMATORY Siloam	23d. LOCATION (City, town, or county) Pike Co. Missouri
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24. FUNERAL DIRECTOR Bankhead Chapel, Bowling Green, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. Nov 16-60	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>
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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 Harold Kirk

Licensed Embalmer No. 459

P. O. Address Bamling

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.