

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044951

FILED VS DEC 13 1960

369

Primary Registration District No. 4538

Registrar's No. 17

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne			
b. CITY (If outside corporate limits, give TOWNSHIP only) Piedmont		Length of stay in 1b 15 yr		c. CITY OR TOWN Piedmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 Allen				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 520 Allen	
3. NAME OF DECEASED (Type or print) First James Middle Lewis Last Goad				4. DATE OF DEATH Month Dec Day 3 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 17-1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Bronot Wayne Co.		12. CITIZEN OF WHAT COUNTRY U, S A	
13a. FATHER'S NAME Henry Goad		13b. MOTHER'S MAIDEN NAME Rachel Smith		14. NAME OF HUSBAND OR WIFE Margret E Whitaker			
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 Mrs Edna Wilson Piedmont Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Investigated and Presumed to DUE TO (b) be due to natural causes DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marvyn E. Boules Coroner				22b. ADDRESS Piedmont mo.		22c. DATE SIGNED 12-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-5-60	23c. NAME OF CEMETERY OR CREMATORY Beulah Cem. Madison Co.		23d. LOCATION (City, town, or county) (State) Madison Co., Mo.			
24. FUNERAL DIRECTOR William Cook Piedmont Mo				25. DATE RECD. BY LOCAL REG. 12-8-60		26. REGISTRAR'S SIGNATURE Sheila Lovelace	

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 Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Bedmont 21

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.