

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045556

FILED VS JAN 3 1961

Registration District No. 82

Primary Registration District No. 4148

Registrar's No. 188

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>atterville</i>	Length of stay in 1b <i>59 years</i>	c. CITY OR TOWN <i>atterville</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>EMA-DURWARD-GOODE</i>			4. DATE OF DEATH <i>Dec. 24, 1960</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>wh</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>May 16, 1901</i>	9. AGE (last birthday) <i>59</i>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (City and state or country) <i>atterville, mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		

13a. FATHER'S NAME <i>Neale Z. Goode</i>	13b. MOTHER'S MAIDEN NAME <i>Myrtle Cordry nee Bessie Goode</i>	14. NAME OF HUSBAND OR WIFE <i>Mr Bessie Goode</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>702-10-9342</i>	17. INFORMANT Address <i>Mr. Bessie Goode, atterville mo</i>

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) <i>Congestive Heart Failure</i>		<i>2425</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Chronic Glomerulonephritis</i>	<i>8925</i>
	DUE TO (c) <i>Generalized Arteriosclerosis</i>	<i>10425</i>
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 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 *8-10-59* to *12-24-60* and last saw ^{her}him alive on *12-24-60*
 Death occurred at *9:15 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>Woodhams Bldg, Sedalia Mo</i>	22c. DATE SIGNED <i>12/26/60</i>
---	---	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-26-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>F.O.O.F Home</i>	23d. LOCATION (City, town, or county) (State) <i>atterville, mo</i>
---	---------------------------	--	---

24. FUNERAL DIRECTOR <i>Hays Painter</i> ADDRESS <i>atterville, mo</i>	25. DATE RECD. BY LOCAL REG. <i>12/26/60</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
--	--	--

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 Robert L. Paine

Licensed Embalmer No. 406
P. O. Address Stterwill

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