

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035744

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED OCT 14 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY GREENE		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in lb 24 YRS.		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY VILLA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1068 S. BROADWAY	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First VIRGIL Middle E. Last GOODMAN		Month OCT. Day 5 Year 1963		MALE	
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 12/29/94		9. AGE (last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	
10b. KIND OF BUSINESS OR INDUSTRY PAINTER		11. BIRTHPLACE (City and state or country) MAYFIELD, KY.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SAMUEL GOODMAN		13b. MOTHER'S MAIDEN NAME SUSIE BYRD		14. NAME OF HUSBAND OR WIFE RUTH GOODMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES W.W. # 1		16. SOCIAL SECURITY NO.		17. INFORMANT Address RUTH GOODMAN, SPRINGFIELD, MO.	
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) Coronary Occlusion				3 m	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Art. Sclerotic Heart Dis.				15 yrs.	
DUE TO (c) Gen Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C.V. H 2 mo's ago				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 checked="" 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 <u>1952</u> to <u>1963</u> and last saw him alive on <u>10/3/63</u> Death occurred at <u>5:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS 302 Prof. Bldg. Springfield		22c. DATE SIGNED 10/7/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/8/63		23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEM.	
23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 10-9-63		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.					

USE BLACK INK OR TYPEWRITER RIBBON

OCT 14 1963

NOV 6 1963

10/8/63

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 Lucius T. Bradley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

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.

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