

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4704  
Registrar's No. 43

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5520</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor Twp Rural</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Windsor Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aspen Home</u>				d. STREET ADDRESS (If rural, give location) <u>53 Highway 1 m. E. Calhoun Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>Charles</u>		c. (Last) <u>Goodrich</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>16</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Oct 6 1863</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Fort Atkinson Wis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Ezekiel Simonds Goodrich</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Goodrich</u>		14. NAME OF HUSBAND OR WIFE <u>Elma Dufur Goodrich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max Goodrich, Calhoun Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>h, s, 11</u>					<u>1 wk.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
19a. DATE OF OPERATION <u>←</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/2</u> , 19 <u>49</u> , to <u>2-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/14</u> , 19 <u>49</u> , and that death occurred at <u>8:45</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. J. Powell D.O.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>2/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 18 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb-17-49</u>		REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Hawsley</u>		ADDRESS <u>Calhoun Mo</u>	

JUN 27 1945

RECEIVED

District Health Officer No. 7,

District File Number 1-49-114

Date Filed 7-21-49

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed J. R. Housey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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 this body is not embalmed, fact should be so stated above.