

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005207

STATE FILE NUMBER

AMENDED

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 3

FILED JAN 29 1962

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

3. NAME OF DECEASED (Type or print) First Bertha Middle O. Last Goodmote			4. DATE OF DEATH Month 1 Day 17 Year 62			
5. SEX female	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 4/22/1904	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Paul Urban		13b. MOTHER'S MAIDEN NAME unobtainable		14. NAME OF HUSBAND OR WIFE John Goodmote		
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 Address John Goodmote, Hardy, Ark.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe head & chest injuries.		INTERVAL BETWEEN ONSET AND DEATH instant
DUE TO (b) also, mutiple fractures of body and		
DUE TO (c) mutiple lacerations.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Automobile collision.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car she was riding in collided headon with
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20c. TIME OF INJURY Hour 9:30 a.m. p.m. Month, Day, Year 1/17/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60	20f. CITY, TOWN, OR LOCATION Cabool, Texas, Missouri
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21. I certified ^{viewed} the deceased on ^{on} 1-17-62 to approx. 9:30 a.m. and last saw her approx. 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE James L. Bentley (Degree or title) Coroner	22b. ADDRESS Cabool, Missouri	22c. DATE SIGNED 1-17-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1/17/62	23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	23d. LOCATION (City, town, or county) (State) Hardy, Arkansas
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24. FUNERAL DIRECTOR Higginbotham,	ADDRESS Hardy, Ark.	25. DATE RECD. BY LOCAL REG. 1-22-62	26. REGISTRAR'S SIGNATURE Gaynell Cunningham
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 1 1962

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 James P. Roney

Licensed Embalmer No. 4718

P. O. Address Calool, 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.