

No. 2
1/47
5-17-39

17334

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 172

FILED JUN 10 1948

Registration District No. 316

Primary Registration District No. 6072

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL Pendleton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Escape from Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 mos. 22 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thayer
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT JOHN WILLIAM GOODING (GOODWIN)
FULL NAME

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 17 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 7 hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name John Gooding
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Davidson
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital No. 4 Records
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Missouri

18. (a) Signature of funeral director Robertson Funeral Home
(b) Address West Plains, Missouri

19. (a) 6-3-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 26 day 26th
year 1948 hour about minute 5 P M.

21. I hereby certify that I attended the deceased from March 4th 1948 to May 24th 1948
that I last saw him alive on May 24th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Escaped from hospital
body found in river 5-26-48 at 6:30 p.m.
Coroner decided no inquest was necessary.
Body showed no marks of violence; had been
Due to in river only an hour or so. Death
apparently due to natural causes.

Due to.....

Other conditions Psychosis with Cerebral
(Include pregnancy within 3 months of death) Arteriosclerosis

Major findings: Of operations.....

Of autopsy: 97

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature G. J. [Signature] (M. D. or other)
Address State Hospital No. 4
Farmington, Missouri Date signed 6-2-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 648-720
Date Filed 6-8-48

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.....
..... Registered Apprentice No. 1
.....
working under my personal supervision.

Signed.....

Burl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.