FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 27 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20390

Registration District No. 251 — Primary Registration District No. 3048 — Registrar's No. 146

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth 113
(c) City or town Denver Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN ROBERT GOIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Mo 0
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife matilda Goin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 2 (Day) 1870 (Year)

8. AGE: Years 78 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Grange Co (City, town, or county) Tenn (State or foreign country)
10. Usual occupation
11. Industry or business Farmer
FATHER
12. Name Leroy Goin
13. Birthplace Hancock Co (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Mandy Ritter
15. Birthplace Grange Co (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Earl Goin
(b) Address Sheridan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetry
18. (a) Signature of funeral director Brown Bros
(b) Address Denver Mo
19. (a) 6-18-49 (Date received local registrar) (b) Bess Bal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1949 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from March 28, 1949, to May 29, 1949 that I last saw him alive on 5/29, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death acute cholecystitis chronic myocarditis — Duration 4 days
Due to Coronary occlusion chronic myocarditis — 3
Due to
Other conditions (Include pregnancy within 3 months of death) 59 L
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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 B. L. Byland (M. D. or other) MD
Address 131 S. Main - Maryville Mo Date signed 6/3/49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 20 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 John Andrews, Registered Apprentice No. ....., working under my personal supervision.

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City 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.