

300
48

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22601

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 763

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2126 So. 12 St.</u> | |

| | | | |
|--|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bruce</u> | b. (Middle) | c. (Last) <u>Goodwin</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 2 49</u> |
|--|-------------|--------------------------|--|

| | | | | | | | | |
|--------------------|--------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>"hite"</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>3 / 20 / 1887</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|--------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|

| | | | |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Hidgeway, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|-----------------------------------|---|--|

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>James Harrison Goodwin</u> | 13b. MOTHER'S MAIDEN NAME <u>Harriet Jane Baker</u> | 14. NAME OF HUSBAND OR WIFE <u>Coreta Goodwin</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>491-10-3246</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Coreta Goodwin</u> | ADDRESS <u>St. Joseph, Mo.</u> |
|--|--|---|--------------------------------|

| | | | |
|---|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>+</u> <u>151X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Stomach</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (M.) | 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 6-13, 1949, to 7-2-49, 1949, that I last saw the deceased alive on 7-1-49, 1949, and that death occurred at 1:35 A., from the causes and on the date stated above.

| | | | |
|-----------------------------------|-----------------------------|---|--------------------------------|
| 23a. SIGNATURE <u>R. C. Senne</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>207 Ovs Bldg St. Joseph</u> | 23c. DATE SIGNED <u>7-4-49</u> |
|-----------------------------------|-----------------------------|---|--------------------------------|

| | | | |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 4, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> |
|---|-------------------------------|--|--|

| | | | | |
|--|--|-----|---|--------------------------------|
| DATE REC'D BY LOCAL REG <u>July 11, 1949</u> | REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> | 382 | 25. GENERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u> | ADDRESS <u>St. Joseph, Mo.</u> |
|--|--|-----|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1949

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
Student Embalmer

Signed

Charles M. Hamm

Licensed Embalmer No.

4487

P. O. Address

St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.