No. 300
10.48

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5659 State File No. 17345

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. ~~[illegible]~~ Registrar's No. 40

1056
3

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

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canton Canton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mississippi b. COUNTY: Yalobusha
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Water Valley 8230
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): John b. (Middle): Thomas c. (Last): Goodwin

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1895
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad engineer
10b. KIND OF BUSINESS OR INDUSTRY: Illinois Central
11. BIRTHPLACE (State or foreign country): Oxford, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ( ) Goodwin
13b. MOTHER'S MAIDEN NAME: Alice Dean Bell
14. NAME OF HUSBAND OR WIFE: Mary Lee Mills

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Harry Martin, Waterloo, Ia.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Heart and Lungs — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple fractures of body
DUE TO (c) Car collision

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: 056
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Canton Lewis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 17, 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car Collision with truck

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Carl H. Barkley 3 (Degree or title): Coroner
23b. ADDRESS: Canton, Missouri
23c. DATE SIGNED: 5/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 19, 1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Water Valley, Miss.

DATE REC'D BY LOCAL REG.: 5/19/50
REGISTRAR'S SIGNATURE: P. W. Jennings, M.D. 161
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Carl H. Barkley Canton Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL - 7 1950

JUN 8 1950

RECEIVED MAY 22 1950
District Health Officer No. 1
District File Number 5-32-8
Date Filed

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 Earl H. Barkley
Licensed Embalmer No. 2615
P. O. Address Canton, 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.

State of MISSOURI } ss.
County of Lewis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 17345
Local Registrar's No. 40

On this 5th day of July, 1950, before me appears EARL H. BARKLEY - Coroner, who, upon his oath, states that the original record of ~~birth~~ death for John Thomas Goodwin, ~~born~~ died MAY 17 -, 1950, in the State of Missouri, and which was filed at CANTON Mo. on MAY-19, 1950, should be corrected as follows:

Item No. 4 should read MAY 17-1950
Instead of MAY 18-1950

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Earl H. Barkley Coroner
Relationship.

Present Address.

Subscribed and sworn to before me this 5th day of July, 1950

My Commission expires March 15-1952. H. S. Rouse Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
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