No. 300
10.48

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

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5659 State File No. 17346

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. ~~1281~~ Registrar's No. 41

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 Vally
d. STREET ADDRESS (If rural, give location): 830 8

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

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

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.22,1897
9. AGE (In years last birthday): 52 — If under 1 year: Months, Days — If under 1 hr.: 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: At home
11. BIRTHPLACE (State or foreign country): Oxford, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Henry Mills
13b. MOTHER'S MAIDEN NAME: Eugine Jane Gandy
14. NAME OF HUSBAND OR WIFE: John Thomas Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 425-56-0721
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) Concussion of the brain — 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 the 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
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: Earl H. Barkley
(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. H. Jennings M.D. 161
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earl H. Barkley Canton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1959

RECEIVED MAY 22 1959
District Health Officer No. 10
District File Number [illegible]
Date Filed [illegible]

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 Cantow, Tno.

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

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