

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23893**

FILED AUG 2 1950

BIRTH NO. _____ REG. DIST. NO. 2-169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina, MO.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hosea</u> b. (Middle) <u>Goodwin</u> c. (Last) <u>Goodwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 25, 1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Knox Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Luke Davis Goodwin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Fry</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. XXXX</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Plenus Goodwin</u> ADDRESS <u>Edina 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
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) <u>Knox MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>July 5th, 1950</u> , to <u>July 12, 1950</u> , that I last saw the deceased alive on <u>July 11, 1950</u> , and that death occurred at <u>5 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. S. Luman M.D.</u> (Degree or title)		23b. ADDRESS <u>Edina Mo</u>	23c. DATE SIGNED <u>July 12/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Davis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July-16-50</u>	REGISTRAR'S SIGNATURE <u>W. S. Humalt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Moulton</u> ADDRESS <u>Knox City, Mo.</u>	

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

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Knox Co. Mo.

RECEIVED JUL 24 1950
District Health Officer No. 10
District File Number 7-50-1198
Date Filed JUL 31 1950

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, ~~only~~.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed

Don Markler

.....
Licensed Embalmer No. 4430

P. O. Address Day 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.