No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. ALLEN

State File No. 39782

filed JAN 2 1950

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 32

070 / 1

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL
c. LENGTH OF STAY (in this place): 15 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH 6TH. ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL. 070 1
d. STREET ADDRESS (If rural, give location): SOUTH 6TH. ST.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): GOODIN.
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): DEC-26-1950

5. SEX: MALE
6. COLOR OR RACE: WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: NOV-1-1862
9. AGE (In years last birthday): 88 — 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): FARM LABORER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): CASS COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CLEMENT GOODIN
13b. MOTHER'S MAIDEN NAME: JANE ROGERS.
14. NAME OF HUSBAND OR WIFE:

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.: NONE.
17. INFORMANT'S SIGNATURE OR NAME: Henry Goodin — ADDRESS: Archie, Mo.

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): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Influenza — 2 WKS

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 26, 1950, *to* Dec 26, 1950, *that I last saw the deceased alive on* Dec 26, 1950, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Rich Hill Mo
23c. DATE SIGNED: Dec 26 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: DEC-28-1950
24c. NAME OF CEMETERY OR CREMATORY: MENNANITE CEM.
24d. LOCATION (City, town, or county) (State): RICH HILL, MISSOURI

DATE REC'D BY LOCAL REG.: Dec. 29. 1950
REGISTRAR'S SIGNATURE: Mrs. Edna Douglas
25. FUNERAL DIRECTOR'S SIGNATURE: Barth Funeral Serv.
ADDRESS: Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/30/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/30/50

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Herman F. Hitt

Signed _____
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.