

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16996

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 272

0495

1. PLACE OF DEATH  
a. COUNTY Jasper  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  
c. LENGTH OF STAY (In this place) 2 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Oklahoma b. COUNTY Ottawa  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quapaw 8850  
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)  
a. (First) Verline b. (Middle) Eugene c. (Last) Goodwin  
4. DATE OF DEATH (Month) (Day) (Year) June 5 1951

5. SEX Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married  
8. DATE OF BIRTH December 16, 1950  
9. AGE (In years last birthday) 19  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child  
10b. KIND OF BUSINESS OR INDUSTRY child  
11. BIRTHPLACE (State or foreign country) Quapaw, Okla.  
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Ralph A. Goodwin  
13b. MOTHER'S MAIDEN NAME Drucella Nichols  
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Goodwin, Quapaw, Oklahoma ADDRESS

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) Calcium deficiency  
ANTECEDENT CAUSES (b) vitamin D deficiency  
DUE TO (c) urinary tract infection  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 week  
life  
3-4 days

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION 2864  
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 6-4, 1951, to 6-5, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Sutphin M.D.  
23b. ADDRESS Francis Bldg. Joplin, Mo.  
23c. DATE SIGNED 6-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
24b. DATE June 6, 1951  
24c. NAME OF CEMETERY OR CREMATORY Morton-Lundy Funeral Home  
24d. LOCATION (City, town, or county) (State) Picher, Oklahoma

DATE REC'D BY LOCAL REG. 6-8-51  
REGISTRAR'S SIGNATURE [Signature]  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillion Mortuary Joplin, Mo.

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

RECEIVED 6-11-51

Jasper County Health Office

County File Number 51/6/482

Date Filed 6-11-51

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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 Charles E. Frey

Signed.....  
Student Embalmer

Licensed Embalmer No. 4768

P. O. Address Joplin, 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.