

NO. 300
10.48

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23444

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 116			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		c. LENGTH OF STAY (in this place) 10yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		1490			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CODY c. (Last) GOODWIN			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1951						
5. SEX Male 0		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 30, 1857		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 14	IF UNDER 1 MIN. Hour
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME No data			13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE Chloe Goodwin				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chloe Goodwin Alba, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure				Chronic Myocarditis				30 Min.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Chronic Myocarditis				yrs.	
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 4/222					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)					
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 4/8, 1951, to 7/14, 1951, that I last saw the deceased alive on 7/14/51, and that death occurred at 11.50 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D.O.				23b. ADDRESS Alba, Mo.		23c. DATE SIGNED 7/17/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery		24d. LOCATION (City, town, or county) (State) Purcell, Missouri				
DATE REC'D BY LOCAL REG. July 17-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri			

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

RECEIVED 7-24-51
Jasper County Health Office

County File Number 51/7/588
Date Filed 7-24-51

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 *Richard Gray Lewis*

Licensed Embalmer No. *4400*

P. O. Address *Webb 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.