

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23495

State File No. _____

FILED JUL 24 1951

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 96

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prinston</u>	
c. LENGTH OF STAY (in this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>1650</u> <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul Winford</u> b. (Middle) <u>Goodman</u> c. (Last)			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>13</u> (Year) <u>1951</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 8, 1923</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent Lake</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Paho, State of Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Goodman</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Goodman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-22-0225</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Goodman, Prinston, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head and Chest injuries</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2916 26</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 58</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centerview, Mo. Johnson Co. Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-15-1951*9:15 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
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22. I hereby certify that I attended the deceased from 7-16-, 1951, to 7-16-, 1951, that I last saw the deceased ~~alive~~ dead, 7-16-, 1951, and that death occurred at 10:10 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Kelli Paulina M.D.</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Holden, Missouri</u>	23c. DATE SIGNED <u>7-16-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olean Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Olean, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Doranne L. Little</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Bauninger</u>	ADDRESS <u>Warrensburg Mo.</u>
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1967 6 10

SEP 5 1967

1967 7

1967 C 1444

AUG 7 1967

1967 98 190

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 *R. J. Bauninger*

Licensed Embalmer No. *0377*

P. O. Address *Warrensburg, 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.