

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27640**

ED AUG 23 1952

BIRTH NO. **41273** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **5422** Registrar's No. **90**

350

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett-Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett-R-3-Independent	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 12-52 of Kennett 0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Hosp- S.E.			

3. NAME OF DECEASED (Type or Print) a. (First) Carlos b. (Middle) Gale c. (Last) Goodwin			4. DATE OF DEATH (Month) (Day) (Year) July 18-1952		
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH July 3-1952		9. AGE (In years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10a.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kennett, Mo	
12. CITIZENRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Goodwin		13b. MOTHER'S MAIDEN NAME Wilma Hall		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Goodwin - Kennett, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute enteritis			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown			
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		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) 7640	
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 **July 3, 1952**, to **July 18, 1952**, that I last saw the deceased alive on **July 17, 1952**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alan H. Christensen, D.O.		23b. ADDRESS Box 26, Kennett, Mo.		23c. DATE SIGNED 7-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20-1952		24c. NAME OF CEMETERY OR CREMATORY Dab Ridge	
24d. LOCATION (City, town, or county) (State) Kennett, Mo.					

DATE REC'D BY LOCAL REG. 7-25-52		REGISTRAR'S SIGNATURE Carl Hubbard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Salomon - Kennett, Mo.	
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....7-28-52.....
COUNTY FILE NUMBER 752-196.....

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. *This body not Embalmed-*

Student
Student Embalmer

Signed *J. P. Palmer*.....

Licensed Embalmer No. *2556-*.....

P. O. Address *Farmville, 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.