

FILED ²¹³⁰³ APR 27 1953		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 105	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City		d. STREET ADDRESS (If rural, give location) 8420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital							
3. NAME OF DECEASED (Type or Print) Anita		a. (First) Lou		c. (Last) Goans		4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Apr. 18, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clinton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Warren H. Goans		13b. MOTHER'S MAIDEN NAME Wanda Yuvonne Greenwell		14. NAME OF HUSBAND OR WIFE --			
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 ADDRESS L.J. Greenwell, Deepwater 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth 30 weeks</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625				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 <u>birth</u> , 1953, to <u>4 PM</u> , 1953; that I last saw the deceased alive on <u>4-18</u> , 1953, and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title)				23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 4/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/53		NAME OF CEMETERY OR CREMATORY Landaker		24d. LOCATION (City, town, or county) (State) Lowry City Mo	
DATE REC'D BY LOCAL REG. April-19-53		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Goodrich		ADDRESS Deepwater Mo	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. B. [Signature]

Licensed Embalmer No. *3038*

P. O. Address *Albion, 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.