

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

State File No. **8178**

FILED APR 1 1954

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	c. LENGTH OF STAY (in this place) 1 Day	c. CITY OR TOWN Kennett	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Mem. Hosp		e. STREET ADDRESS (If rural, give location) R.R. 2	

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) A. c. (Last) Goodin			4. DATE OF DEATH (Month) (Day) (Year) Feb 26 54		
5. SEX M	6. COLOR (OR RACE) W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 28, 1892		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) ARK.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elisha Goodin	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Kenneth Goodin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, give branch, service, dates of service) No	16. SOCIAL SECURITY NO. 4201	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Goodin Kennett RT 2
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis 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 Immediate 1 yr.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1953, to Feb 26, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geary O. Hummel MD	23b. ADDRESS Kennett, Missouri	23c. DATE SIGNED 3-29-54
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Feb 27, 54	24c. NAME OF CEMETERY OR CREMATORY Leachelle Cem.	24d. LOCATION (City, town, or county) (State) Leachelle, Ark
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DATE REC'D BY LOCAL REG. 3-30-54	REGISTRAR'S SIGNATURE Earl Sturman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard Fomul Sevier
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 3-31-5

COUNTY FILE NUMBER 354 9

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.....
Signature of Student Embalmer

Signed *Edwin Lawson*

Licensed Embalmer No. 744

P. O. Address *Smith*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.