

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23987

State File No. ....

BIRTH NO. .... REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>	c. LENGTH OF STAY (In this place) <u>7 YEARS</u>	c. CITY OR TOWN <u>LOUISIANA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>413 So. 4TH St.</u>	

3. NAME OF DECEASED (Type or Print) <u>JENNIE</u>	a. (First)	b. (Middle)	c. (Last) <u>GOODWIN</u>	4. DATE OF DEATH <u>July 20, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 4, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rockport, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>DANIEL WEEKS</u>	13b. MOTHER'S MAIDEN NAME <u>LYDIA RALPH</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HILLARD EARLY</u> ADDRESS <u>LOUISIANA, MO</u>
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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>Acute Myocarditis with Acute Congestive Heart Failure + Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>+</u>		
	DUE TO (c) <u>Acute Heart Exhaustion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9317</u> <u>LLC</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>08</u> (STATE)
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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?
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22. I hereby certify that I attended the deceased from 7-19-54 to 7-22-54, that I last saw the deceased alive on 7-19-54, and that death occurred at 3:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr Robert L. Ludrae M.D.</u>	23b. ADDRESS <u>216 Georgia St Louisiana Mo.</u>	23c. DATE SIGNED <u>7-22-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MILLER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PIKE COUNTY, ILL.</u>
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier, Louisiana</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

AUG 9 1914

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 *Geo. M. Collier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisa*.....

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.