

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33166

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF Life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) 748 S. "D" Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 748 S "D" Street		d. STREET ADDRESS (If rural, give location) 748 S. "D" Street	

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Allen c. (Last) Goins			4. DATE OF DEATH (Month) (Day) (Year) 10-10-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1890		9. AGE (In years last birthday) 63 # UNDER 1 YEAR Months 0 Days 0 # UNDER 2 WKS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Issac Goins		13b. MOTHER'S MAIDEN NAME Anna McQuarder		14. NAME OF HUSBAND OR WIFE Lucille	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Goins Poplar Bluff 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive Heart Disease?			
		DUE TO (c)			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1 Oct, 1954 to 10 Oct, 1954, that I last saw the deceased alive on 10 Oct, 1954, and that death occurred at 7A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. K. Muehle MD		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 27 Oct 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-11-54		24c. NAME OF CEMETERY OR CREMATORY Blck Creek	
				24d. LOCATION (City, town, or county) (State) Butler Co., Mo.	

DATE REC'D BY LOCAL REG. 10/29/54		REGISTRAR'S SIGNATURE R. K. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy Fitch Poplar Bluff Mo	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Nov. ~~00~~ 2. 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 10-10-3

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address

Maple Bluff

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.