

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37114

State File No.

FILED DEC 6 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1087

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 2nd Campbell</u>		c. CITY OR TOWN <u>Springfield</u>	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: <u>Rt #4</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt#4</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Goin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 17, 1900</u>	9. AGE (In years last birthday) <u>54</u>	10. MONTHS <u></u> 11. DAYS <u></u> 12. HOURS <u></u> 13. MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packing Co. Empl.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.F.A.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>George Goin</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Kolb</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Goin</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Goin</u> ADDRESS <u>Springfield, Mo.</u>
--	--	---

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		INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma Colon descending with Metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>July 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid colon - 153X</u>	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 July, 1954, to Nov, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Newton Williams MD</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>11-20 54</u>
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenelawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-3-54</u>	REGISTRAR'S SIGNATURE <u>Wm. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner & Co.</u> ADDRESS <u>Springfield, Mo.</u>
---	---	---

(Licensed Embalmers' Statement on Reverse Side) WAC

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

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 *Max Proctor*

Licensed Embalmer No. *407*

P. O. Address *Spring*

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 could be so stated above.