

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10.48

FILED AUG 3-1955 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		c. LENGTH OF STAY (In this place) 18 yrs.	c. CITY OR TOWN Anderson
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2602	

3. NAME OF DECEASED (Type or Print) a. (First) Leona b. (Middle) Matilda c. (Last) Goodwin			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 9, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Salem Ohio		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Geo. H. Couson		13b. MOTHER'S MAIDEN NAME Sarah Hoopes		14. NAME OF HUSBAND OR WIFE James E. Goodwin	
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. None		17. INFORMANT'S SIGNATURE OR NAME James E. Goodwin	
				ADDRESS Anderson, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). Pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493x	

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 April, 1955, to July, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 10:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Payne		(Degree or title) M.D.		23b. ADDRESS Noel, Missouri		23c. DATE SIGNED July 23, 1955	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 7/26/55		24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		24d. LOCATION (City, town, or county) (State) Anderson, Missouri	

DATE REC'D BY LOCAL REGS. 7-25-55		REGISTRAR'S SIGNATURE M. J. Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE Earl Crabbs		ADDRESS Anderson, Mo.	
--------------------------------------	--	---	--	---	--	--------------------------	--

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 *E. J. Rapp*.....

Licensed Embalmer No. *2345*

P. O. Address *Anderson,*

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.