

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

State File No. **33032**

**FILED NOV 15 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **142** PRIMARY REG. DIST. NO. **5336** Registrar's No. **46**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Howell County, Missouri</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mtn. View, Mo. <i>Walden</i></b>		c. CITY OR TOWN <b>Birch Tree, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 Min.</b>		e. STREET ADDRESS (If rural, give location) <b>Route #3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mtn. View Memorial Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Lee</b> c. (Last) <b>Goodwin</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug 24, 1955</b>		
<b>5. SEX</b> <input checked="" type="checkbox"/> Male	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 10, 1943</b>	<b>9. AGE</b> (In years last birthday) <b>12</b>	<b>10. IF UNDER 1 YEAR</b> Months <b>8</b> Days <b>19</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Birch Tree, Mo.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>Charlie Otto Goodwin</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Edna Ward</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charlie O. Goodwin</b>	<b>ADDRESS</b> <b>Birch Tree, Mo.</b>
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<b>18. CAUSE OF DEATH.</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>30 min.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bullet wound in head</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>22 rifle bullet thru left cheek into brain</b> DUE TO (c) <b>9/95</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Shot by playmate while hunting</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. PLACE OF SUICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Country road</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>Montier</b> (COUNTY) <b>Shannon</b> (STATE) <b>Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>Aug 24-55 12:30 P.M.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Shot while friend loading rifle</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:21 p.m.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Joe R. Duncan, Coroner</b>	<b>23b. ADDRESS</b> <b>Mtn. View, Mo.</b>	<b>23c. DATE SIGNED</b> <b>11-10-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Aug. 26, 55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Corinth Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Birch Tree, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>11-12-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Laura Mitchell</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Duncan Funeral Home</b>	<b>ADDRESS</b> <b>Mountain View, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

0460

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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 *Joe R. Duncan*  
Licensed Embalmer No. *432*  
P. O. Address *Cpt. Duncan*

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.