FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16879

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, #2, Warrensburg,
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, R.R.#2 Warrensburg,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Rurla, Warrensburg,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.R. No.2, Warrensburg, Missouri

0510

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): ZOE
c. (Last): GOODWIN,

4. DATE OF DEATH (Month) (Day) (Year): May 21st. 1956

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 1, 1888
9. AGE (In years last birthday): 68 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer,
10b. KIND OF BUSINESS OR INDUSTRY: general farming
11. BIRTHPLACE (City and State or Foreign Country): Johnson County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Goodwin,
13b. MOTHER'S MAIDEN NAME: Annie Lee,
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Jule Collins, Warrensburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach c̄ metastasis to liver et lungs. — INTERVAL BETWEEN ONSET AND DEATH: 1 month

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

151X

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1954 *19*___, *to* 5-21, *19* 56, *that I last saw the deceased alive on* 5-16, *19* 56, *and that death occurred at* 2:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reed Mason
(Degree or title): M.D.
23b. ADDRESS: Warrensburg, Missouri.
23c. DATE SIGNED: 5-22-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-24-1956
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery,
24d. LOCATION (City, town, or county) (State): Rural, Johnson County, Missouri

DATE REC'D BY LOCAL REG.: May 24, 1956
REGISTRAR'S SIGNATURE: Savannah Crickfield
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: R.A. Brauninger, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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

'47

RECEIVED
MAY 28 19
JOHNSON COUNTY HEAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. A. Brauninger

Licensed Embalmer No. 337

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.