

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28438**
Registrar's No. **6455**

FILED AUG 24 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. STREET ADDRESS 26 2522 North Ninth		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) VANDON		a. (First)	b. (Middle)
5. SEX Male		c. (Last) GOODWIN	
6. COLOR OR RACE White		4. DATE OF DEATH (Month) (Day) (Year) 7 9 56	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-2-1899	
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rigger		11. BIRTHPLACE (State or foreign country) Mississippi	
13a. FATHER'S NAME Walter Goodwin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13b. MOTHER'S MAIDEN NAME Kate Crocker		14. NAME OF HUSBAND OR WIFE Alice Goodwin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		17. INFORMANT'S SIGNATURE OR NAME Alice Goodwin, 2522 North 9th	
(If yes, give war or dates of service) W.W. #1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 322.0	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:58 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7-10-56		23d. ADDRESS	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-11-1956	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Water Valley, Miss.	
DATE REC'D BY LOCAL REG. JUL 10 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc.		ADDRESS 2301 Lafayette	

BORNER.

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4500

P. O. Address St. Louis, Mo.

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.