

Health, Welfare  
Public Service

300  
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other causes must be typewritten. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1956

34773  
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 383

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Marion</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Monroe City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>14 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			
First <u>Josie</u> Middle <u>Virginia</u> Last <u>Goodwin</u>			
4. DATE OF DEATH Month <u>Oct.</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 26, 1874</u>
9. AGE (In years last birthday) <u>82</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <u>Ralls County</u>	
13. FATHER'S NAME <u>Peter A. Shults</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Anderson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Marie Rodgers</u>		Address <u>Monroe City, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>331x</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Oct. 13, 1956</u> to <u>Oct. 30, 1956</u> and last saw her/him alive on <u>Oct. 30, 1956</u> Death occurred at <u>1:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. Canella M.D.</u>		22b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>	
22c. DATE SIGNED <u>NOV 11-1-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 1, 1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ariel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ralls Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Wilson &amp; Son</u>		25. DATE RECD. BY LOCAL REG. <u>11-2-1956</u>	
ADDRESS <u>Monroe City, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Dr. M. Luckey by Th. C. Fisher</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 9 1956  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 9 1956

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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Leslie L. Hilkey.....

Licensed Embalmer No. 311

P. O. Address Monroeville

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