

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17740

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u> Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> <input checked="" type="checkbox"/> (Institution)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina, Missouri</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Edina,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			STREET ADDRESS (If rural, give location) <u>0520</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnonadell</u> b. (Middle) <u>Hudnut</u> c. (Last) <u>Goodwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 1, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hamilton, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James K. Hudnut</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Pulse</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur J. Goodwin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Tillie Goodwin</u>		ADDRESS <u>Edina, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>17 years</u> " "
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <u>Nov 8, 1944</u> to <u>May 15, 1957</u> , that I last saw the deceased alive on <u>May 15, 1957</u> , and that death occurred at <u>9:20</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Ink) (Name or title) <u>B. Phillips D.O.</u>			23b. ADDRESS <u>Edina, Mo</u>		23c. DATE SIGNED <u>5-15-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>17 May '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 22-57</u>	REGISTRAR'S SIGNATURE <u>Wells A. Humolt.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Rimer Edina, Mo.</u>		

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

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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 A. B. Rimer, Student Embalmer No. 544
working under my personal supervision..

Student A. B. Rimer
Signature of Student Embalmer

Signed Mrs. J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, Minn.

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.