

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043901

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 115

300
1-57

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Armstrong 04510
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) Central St.
3. NAME OF DECEASED (Type or print) First CLARA Middle ANN Last GOODWIN			4. DATE OF DEATH Month Nov. Day 25 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13, 1897
10a. USUAL OCCUPATION (Give kind of work done) Telephone Operator		10b. KIND OF BUSINESS OR Beauty Tel. Co.	9. AGE (In years last birthday) 61
11. BIRTHPLACE (City and state or country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Nelson Bateman		13b. MOTHER'S MAIDEN NAME Katie Ann Dick	
14. NAME OF HUSBAND OR WIFE Henry Goodwin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 492-07-6831		17. INFORMANT Henry Goodwin Address Armstrong, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) High blood pressure. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis & hypertension DUE TO (c) Diabetic retinitis - 1			INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 8 yrs. 4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured hip on Nov. 15-58 - In home 260xH			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall in home.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Armstrong Howard Mo.	
21. I attended the deceased from June 1940 to Nov 26-58 and last saw her alive on Nov 24-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm J Shaw M.D.		22b. ADDRESS Fayette, Mo.	
22c. DATE SIGNED 11-28-58		23a. BURIAL, CREMATION, BURNING (Specify) Buried	
23b. DATE 11/27/58		23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	
23d. LOCATION (City, town, or county) (State) Fayette, Missouri		24. FUNERAL DIRECTOR Walter A. Carr ADDRESS Fayette, Mo	
25. DATE RECD. BY LOCAL REG. 11-28-58		26. REGISTRAR'S SIGNATURE Mary T. Shell	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

36

FEB 18 1959

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette,*

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.