Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002426

STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Pike	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY PIKE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) LOUISIANA — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN LOUISIAN 4221 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PIKE CO HOSPITAL — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 117 N 6th — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First WILLIAM Middle L Last GOODIN

4. DATE OF DEATH Month Day Year 1-21-59

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Feb 23, 1890

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) Tree Packer

10b. KIND OF BUSINESS OR INDUSTRY Nursery

11. BIRTHPLACE (City and state or country) Pike

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Geo. Wm. Goodin

13b. MOTHER'S MAIDEN NAME Amelia Ann Moore

14. NAME OF HUSBAND OR WIFE Minnie Goodin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-36-3370

17. INFORMANT Mrs Rolla Lewis Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Decompensation and Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio sclerotic cardio- vascular disease — 5 plus years

also: Emphysema and bronchial asthma

DUE TO (c) Peptic Ulcers

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -------

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year -------

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1949, to 1-21-59 and last saw her/him alive on 1/21/59

Death occurred at 12:07 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas H Lewellen M.D.

22b. ADDRESS Louisiana, Missouri

22c. DATE SIGNED 1-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 24, 1959

23c. NAME OF CEMETERY OR CREMATORY River View

23d. LOCATION (City, town, or county) (State) Louisiana Mo.

24. FUNERAL DIRECTOR Steve Duncan Home ADDRESS Louisiana Mo.

25. DATE RECD. BY LOCAL REG. Jan 27-59

26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

4 0

JUL 29 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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana M

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.