Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004225
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN: Nevada, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Tate Nursing Home — Length of stay in 1b: 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Walker, Mo. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Gen. Delivery----- — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Eliza Middle: Last: Goodin

4. DATE OF DEATH: Month Feb. Day 3 Year 1959

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 29, 1885

9. AGE (In years on last birthday): 73 — IF UNDER 1 YEAR: Months 5 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Henry County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Harris
13b. MOTHER'S MAIDEN NAME: Anna Taylor
14. NAME OF HUSBAND OR WIFE: Allen C. Goodin, Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Beryl Johnston, Daughter Address: Walker, Mo.

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) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus and a left hemoplegia about 3 months ago. 426
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Nov. 21, 1950, to Feb. 3, 1959 and last saw her alive on Feb. 2, 1959
Death occurred at Nevada, Mo. 10:05 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. B. Gray, M. D.
22b. ADDRESS: Moore Building, Nevada, Mo.
22c. DATE SIGNED: 2-4-1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-5-1959
23c. NAME OF CEMETERY OR CREMATORY: Harwood Cemetery
23d. LOCATION (City, town, or county) (State): Harwood, Vernon, Missouri

24. FUNERAL DIRECTOR: Hays Funeral Service, Inc. ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 2-6-1959
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(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.

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 Richard L. Griffin

Licensed Embalmer No. .....

P. O. Address .....

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.