

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016586

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 374

Primary Registration District No. 4546

Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) Denver Mo		c. CITY OR TOWN Denver, Mo 1130	
c. FULL NAME OF (If NOT in hospital, give location) Main, St		d. STREET ADDRESS (If outside, give location) Main, St	
Length of stay in lb 15 Yrs		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First LEVI Middle GOIN Last GOIN		4. DATE OF DEATH Month March Day II Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb I, 1872
9. AGE (In years) 87		IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Tennessee	
11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leroy Goin		13b. MOTHER'S MAIDEN NAME Amanda Ritter	
14. NAME OF HUSBAND OR WIFE Belle Goin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Levi Goin Address Denver, 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) Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 10yrs
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 ☐ NO ☒ 1
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 Grant City, Mo	
21. I attended the deceased from Feb 15 39 , to March 11, 59 and last saw her alive on Mar 9, 59 Death occurred at 9am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank B Matteson MD	
22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 3/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Miller Cemetry	23d. LOCATION (City, town, or county) (State) Rural Denver, Mo
24. FUNERAL DIRECTOR Kenneth Brame	25. DATE RECD. BY LOCAL REG. March 17-59	26. REGISTRAR'S SIGNATURE Bowdrey Kibbe	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City, Mo.

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.