

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018634

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 186

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Sedalia</i>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>80 yr</i>	STREET ADDRESS (If outside, give location) <i>080 1/2 209 E Cooper</i>
3. NAME OF DECEASED (Type or print) First <i>LAURA</i> Middle Last <i>GOODWIN</i>		4. DATE OF DEATH Month <i>5</i> Day <i>24</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-8-1874</i>
9. AGE (In years last birthday) <i>85</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Beaman Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Sophia Grantte</i>
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>		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. — —
17. INFORMANT <i>Ernest Ireland</i>		Address <i>Sedalia Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Infarct</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>10-12 hr undet.</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>4/200</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>1956</i> to <i>May 1959</i> and last saw her alive on <i>May 23, 1959</i> Death occurred at <i>6:55 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. J. Reynolds, M.D.</i>		22b. ADDRESS <i>Sedalia Mo</i>	22c. DATE SIGNED <i>5-26-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5-27-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Sedalia Pettis Mo</i>
24. FUNERAL DIRECTOR <i>E. Sterling Bills</i>		25. DATE RECD. BY LOCAL REG. <i>5/27/59</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *E. Sterling Bills* .....  
Licensed Embalmer No. *3178* .....

P. O. Address *1212 Pine* .....  
*St. Louis, 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.