

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019938

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 590 STATE FILE NUMBER Registrar's No. 1398

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Ann		c. CITY OR TOWN St. Ann 4071	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3513 Janice Court		d. STREET ADDRESS (If outside, give location) 3513 Janice Court	
Length of stay in 1b 6 Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PATTI Middle DEAN Last GOODIN			4. DATE OF DEATH Month May Day 19 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1958	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR 15 Months	IF UNDER 24 HRS 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Emmett Goodin	13b. MOTHER'S MAIDEN NAME Laura Lou Deason	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Emmett Goodin Address 3513 Janice Ct., St. Ann, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation in plastic bag		INTERVAL BETWEEN ONSET AND DEATH 9240
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) 18		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.) In some unknown manner plastic bag became wrapped about baby's face
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20c. TIME OF INJURY 8:20 a.m. 5/19/59	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.) crib in bedroom of home	20f. CITY, TOWN, OR LOCATION St. Ann COUNTY St. Louis STATE Missouri
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE Raymond H. Hard (Degree or title) Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 5/22/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Piscah	23d. LOCATION (City, town, or county) (State) Bowling Green Mo.
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24. FUNERAL DIRECTOR J.O. Mudd, Bowling Green, Mo.	25. DATE RECD. BY LOCAL REG. 5-19-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

CAUTION: If cause of death is not clearly stated, it 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 James O. Wurdell

Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.