

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010442

STATE FILE NUMBER

FILED VS MAR 29 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 58

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kennett 0352		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Dunklin Co. Memorial			Length of stay in 1b <u>2</u>		d. STREET ADDRESS (If outside, give location) 702 St. Francis		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Charles Middle Lottie Last Goldsmith				4. DATE OF DEATH Month 3 Day 9 Year 1960					
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-10-1881		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 29	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 none		11. BIRTHPLACE (City and state or country) Near Holcomb, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Albert E. Goodman			13b. MOTHER'S MAIDEN NAME Samatha E. Cunningham			14. NAME OF HUSBAND OR WIFE Miles Cunningham (dec)			
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 Address Mrs. G.D. Gorman Black Oak, Ark.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pumonary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 12 hours		
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) Hypertensive Cardio-vascular Disease							19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input 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.) 465X						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>3-8-60</u> to <u>3-9-60</u> and last saw her <u>alive</u> on <u>3-9-60</u> Death occurred at <u>approximately 2:00P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Quinton Tarver, M.D.				22b. ADDRESS Kennett, Mo.			22c. DATE SIGNED 3-18-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-11-1960	23c. NAME OF CEMETERY OR CREMATORY Pine City			23d. LOCATION (City, town, or county) (State) Holcomb, Mo.			
24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Ser. Kennett, Mo.				25. DATE RECD. BY LOCAL REG. 3-22-1960		26. REGISTRAR'S SIGNATURE Earl Hushan			

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

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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 Irving L. Roberts _____

Licensed Embalmer No. 4886 _____

P. O. Address Kennett 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.