

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015986

FILED VS. APR 20 1960

Registration District No. **173** Primary Registration District No. **4271** Registrar's No. **38**

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First JAMES	Middle WEBB	Last Goodwin	Month APRIL	Day 8
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 19 1882	9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ALMA Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Gill Goodwin		13b. MOTHER'S MAIDEN NAME MOLLIE WEBB	14. NAME OF HUSBAND OR WIFE See GANN HASSIE Goodwin	
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.	17. INFORMANT PHILIP Goodwin DENVER, Colo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 30 min.
IMMEDIATE CAUSE (a) Myocardial Infarction		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ACU Disease	Years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 **4-8-60** to **4-8-60** and last saw ^{her}him alive on **4-8-60**
Death occurred at **955 D.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Adrian B. Best, M.D.	22b. ADDRESS Higginsville, Mo.	22c. DATE SIGNED 4-13-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR 11 1960	23c. NAME OF CEMETERY OR CREMATORY RIDGE PARK CEMETERY	23d. LOCATION (City, town, or county) (State) MARSHALL MISSOURI
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24. FUNERAL DIRECTOR BREMER-WIEGERS-RIENHOE ALMA-MO	25. DATE RECD. BY LOCAL REG. April 16 1960	26. REGISTRAR'S SIGNATURE Lucie Gordon Jordan
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray F. Wiegman

Licensed Embalmer No. 2883
P. O. Address Higginsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.