

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018108

FILED VS. MAY 4 1960

360

6225

91

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township	Length of stay in 1b 7 mos 28 ds.	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		d. STREET ADDRESS (If outside, give location) 4027 Tracy	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edna Middle Louise Last Goodwin			4. DATE OF DEATH Month 4 Day 25 Year 60		
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 checked="" type="checkbox"/>	8. DATE OF BIRTH 11-26-98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Dime Store	11. BIRTHPLACE (City and state or country) Tabor, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Milo L. Lyman	13b. MOTHER'S MAIDEN NAME Edith Wadhans	14. NAME OF HUSBAND OR WIFE Harry H. Goodwin (Div.)
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. Unknown	17. INFORMANT Records State Hospital #3, Nevada, Mo.

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
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		Months
and. DUE TO (b) Acute Cholecystitis		2 wks.
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 Month, Day, Year a.m. p.m.			
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 **8-27-59** to **4-25-60** and last saw her ^{her} _{him} live on **4-25-60**
Death occurred at **3:45** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul L. Barone M.D. (Degree or title)	22b. ADDRESS State Hospital #3, Nevada, Mo.	22c. DATE SIGNED 4-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removed	23b. DATE 4-26-1960	23c. NAME OF CEMETERY OR CREMATORY State Anatomical Board	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Hope Funeral Service, Inc. Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 4-26-1960	26. REGISTRAR'S SIGNATURE Ormal E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Richard L. Leifler

Licensed Embalmer No. 5053

P. O. Address H. Scott

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.