

# VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS FEB 23 1961

-61-007314  
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN <b>Birch Tree,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 2</b>	

3. NAME OF DECEASED (Type or print) First <b>Pem</b> Middle <b>Eugene</b> Last <b>Goodwin</b>			4. DATE OF DEATH Month <b>January</b> Day <b>30</b> Year <b>1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/28/1885</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Oregon Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Goodwin</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Huddleston</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Ellen Collins</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT **Cora Ellen Goodwin Birch Tree Mo. R. 2** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Generalized Arteriosclerosis**  
DUE TO (b) **Multiple Cerebral Vascular Accidents**  
DUE TO (c) \_\_\_\_\_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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
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21. I attended the deceased from **June 1960** to **Jan. 1961** and last saw her/him alive on **Jan 20, 1961**  
Death occurred at **Jan. 30, 1961** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>M.C. Waller M.D.</b>	(Degree or title)	22b. ADDRESS <b>Mt. View, Mo.</b>	22c. DATE SIGNED <b>2-8-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/2/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Corinth Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Birch Tree, Missouri</b>
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24. FUNERAL DIRECTOR <b>Duncan Funeral Home Mtn. View, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb 20, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Shirley Rose</b>
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MEDICAL CERTIFICATE

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles D. Par

Licensed Embalmer No. 5

P. O. Address Wm

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