

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025986

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 20

FILED JUL 17 1961

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Marion</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Palmyra</b>                     | Length of stay in 1b<br><b>23 years</b>  | c. CITY OR TOWN <b>Palmyra</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>208 N. Spring St.</b> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>208 N. Spring</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Ray</b> Middle <b>Hilbert</b> Last <b>Goodwin</b> | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>3</b> Year <b>1961</b> |
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|                    |                               |   |                                   |                                  |  |  |
|--------------------|-------------------------------|---|-----------------------------------|----------------------------------|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>1/21/1914</b> | 9. AGE (last birthday) <b>47</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
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|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Trucker</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Canton, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Clyde Goodwin</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Myrtle Neaterour</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Alma L. Meyers</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 17. INFORMANT Address<br><b>Robert Goodwin, Frankfort, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> |                                      | INTERVAL BETWEEN ONSET AND DEATH<br><b>few hours</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Coronary sclerosis</b> |  |
|  | DUE TO (c)                           |  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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| 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **1:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>Henry H. Sweet's JMD Coroner</b> | 22b. ADDRESS<br><b>7 Humbal Mo</b> | 22c. DATE SIGNED<br><b>7/11/61</b> |
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|  |                                 |   |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>6 July 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Palmyra, Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Lewis Brothers', Palmyra, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-12-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Dr. E. J. Lusk</b><br><i>By Viola Beer, Deputy</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTead OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, Missouri

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.