

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-041729

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 391

AMENDED

FILED NOV 21 1961		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		a. STATE Mo b. COUNTY Ralls.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION StElizabeth Hospital.		Length of stay in 1b 3 Days.		c. CITY OR TOWN Perry, Missouri.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Perry, Missouri.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last ELEN L. GOODHART			Month Day Year November 2, 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1921	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days 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 Home		11. BIRTHPLACE (City and state or country) New Canton, Illinois.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Dee Allensworth.		13b. MOTHER'S MAIDEN NAME Alice Gollier.	
14. NAME OF HUSBAND OR WIFE Don Goodhart.		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 Don Goodhart.		Address Perry, Missouri.			
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) <u>Uremia</u>					<u>10 days</u>
DUE TO (b) <u>Acute Sclerotic Nephritis</u>					<u>?</u>
DUE TO (c) <u>?</u>					<u>?</u>
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.
<u>Acute Adenoviral Infection</u>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u>3-5-57</u> to <u>11-2-61</u> and last saw her ^{her} last alive on <u>11-2-61</u>		Death occurred at <u>1:45</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. L. [Signature]</i>		(Degree or title) M.D.		22b. ADDRESS Hannibal, Missouri.	
22c. DATE SIGNED 11-3-61		23. LOCATION (City, town, or county) (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-4-1961		23c. NAME OF CEMETERY OR CREMATORY Wolf Cemetery.	
23d. LOCATION (City, town, or county) (State) Perry, Missouri.		24. FUNERAL DIRECTOR Clyde Wilbey		25. DATE RECD. BY LOCAL REG. 11/6/61	
24. ADDRESS Perry, Mo.		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. [Signature]</i> <i>M. Norman</i>			

DATE AMENDED

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

Clyde C. Wiley

Licensed Embalmer No. 3820.

P. O. Address Perry, 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.