

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002266
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 12

AMENDED

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		Length of stay in 1b <u>16 days</u>	c. CITY OR TOWN <u>Carthage</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>419 Oak ST</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Lloyd</u> Last <u>Goodwin III</u>			4. DATE OF DEATH Month <u>1</u> Day <u>18</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>0</u>
11. BIRTH PLACE (City and state or country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John L. Goodwin Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA RUSSELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>JL Goodwin Jr</u>		Address <u>419 OAK ST</u> <u>CARTHAGE, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meningitis, acute</u> DUE TO (b) <u>Hemolytic Staphylococcus</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>7-24 hrs</u> <u>15 days</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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>1-3-62</u> to <u>1-18-62</u> and last saw her/him alive on <u>1-18-62</u> Death occurred at <u>1:43</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Louise Patterson MD</u>		22b. ADDRESS <u>Carthage Mo</u>	
22c. DATE SIGNED <u>1-19-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-20-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BASSVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Greene County, Mo</u>
24. FUNERAL DIRECTOR <u>KNELL MORTUARY, Carthage, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-62</u>	26. REGISTRAR'S SIGNATURE <u>Tom Chutkan</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

3/8/62
3/8/62

INSTEAD OF

Meningitis, acute

SHOULD READ

Abscess brain, rt.
Hemolytic Staphylococcus

DOCUMENT

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.