

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

-62-012337

STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 5

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0920  
20920

3  
4 0  
5 1  
6  
7 1  
8 2  
9 154X  
10  
11  
12 90-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST CHARLES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>O'FALLON</b>		Length of stay in lb	c. CITY OR TOWN <b>OFALLON MISSOURI</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>401 OLD HIGHWAY 40</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>401 OLD HIGHWAY 40</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MELVIN S. GOINS</b>		4. DATE OF DEATH Month Day Year <b>APRIL 2, 1962</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>1/26/1901</b>
9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>KENTUCKY</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES GOINS</b>	
13b. MOTHER'S MAIDEN NAME <b>BELLE BALLARD</b>		14. NAME OF HUSBAND OR WIFE <b>HAZEL GOINS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>HAZEL GOINS</b>		Address <b>401 OLD HIGHWAY 40</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ant. scler. heart dis. &amp; infarction 1958</b>		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 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 <b>11-21-58</b> to <b>4-2-62</b> and last saw him alive on <b>mar 31, 1962</b> Death occurred at <b>3:25 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wayne O. Gotha M.D.</b>		22b. ADDRESS <b>100 No Euclid</b>	22c. DATE SIGNED <b>4-3-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>4/5/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEMETERY</b>
23d. LOCATION (City, town, or county) <b>ST LOUIS MISSOURI</b>		23e. DATE RECD. BY LOCAL REG. <b>4-4-62</b>	
24. FUNERAL DIRECTOR <b>STROOT - CARROLL</b>		25. REGISTRAR'S SIGNATURE <b>Ed. Kerthly</b>	
ADDRESS <b>4600 NAT'L BRIDGE ST LOUIS 15, MISSOURI</b>			

*Dr. Garber*  
*100 N. Emerald*  
*St. Louis, Mo.*  
*1-8687*  
*M. W. Rueter*

APR 12 1962

**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 *M W Rueter*

Licensed Embalmer No. *4865*

P. O. Address *St Louis 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.