MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016820

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4417

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 10 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardinal Glennon Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2021 West Second
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DAVID Middle WAYNE Last GOODIER

4. DATE OF DEATH: Month April Day 29 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/16/62
9. AGE (last birthday): IF UNDER 1 YEAR: Months; Days 13; IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Goodier III
13b. MOTHER'S MAIDEN NAME: Connie M. DeRienzo
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George Goodier III, 2021 West Second, Address Sedalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congenital heart disease
DUE TO (c): Trisomy No. 18 Syndrome 754.5

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 23 April, 1962 to 29 April, 1962 and last saw her him alive on 29 April, 1962
Death occurred at 10:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond H. Dellwig, M.D. (Degree or title)
22b. ADDRESS: 1465 S. Grand Ave.
22c. DATE SIGNED: 30 Apr '62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/1/62
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: Duane Ewing ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: APR 30 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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_____ Signed Duane Ewing

Signature of Student Embalmer

Licensed Embalmer No. 8947

P. O. Address Sedalia 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.