

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

38 -62-017881
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 5013 Registrar's No. 38

FILED MAY 29 1962

VS 300
Rev. 4/59

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20020

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township		Length of stay in 1b	c. CITY OR TOWN RFD # 1, Fillmore
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile SE of Fillmore		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mile southeast
3. NAME OF DECEASED (Type or print) First Glen Middle Carrol Last Goodloe		4. DATE OF DEATH Month May Day 20 Year 1962	
5. SEX male	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 9-25-07
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Charles O. Goodloe	
13b. MOTHER'S MAIDEN NAME Maggie Brand		14. NAME OF HUSBAND OR WIFE Ruth Goodloe	
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. [REDACTED]	17. INFORMANT Address Mrs. Ruth Goodloe, RFD 1, Fillmore
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decapitation			INTERVAL BETWEEN ONSET AND DEATH immediate
DUE TO (b) Shot-gun blast			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) "Nervous breakdown" in Feb., 1962.			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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) A 16-gauge single-shot shot-gun was placed in	
20c. TIME OF INJURY Hour 10:10 a.m. Month, Day, Year May 20, 1962	mouth, and trigger pulled, removing entire head.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm-home	20f. CITY, TOWN, OR LOCATION RFD #1, Fillmore	COUNTY Andrew STATE Mo.
21. I attended the deceased from _____, to _____ and last saw him alive on Jan. 1962 Death occurred at 10:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Maxwell D. Corner (Degree or title)		22b. ADDRESS 307 W. Main Savannah, Mo.	22c. DATE SIGNED 5/22/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-23-62	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	23d. LOCATION (City, town, or county) Savannah, Missouri
24. FUNERAL DIRECTOR BREIT & HAWKINS ADDRESS SAVANNAH		25. DATE RECD. BY LOCAL REG. 5-24-62	26. REGISTRAR'S SIGNATURE William [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.

52-48-1