

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035603

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 172

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6790

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED OCT 10 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Pemiscot</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Godair Township</b>		a. STATE <b>Arkansas</b> b. COUNTY <b>Oauchita</b>	
OR TOWN <b>Godair Township</b>		Length of stay in 1b <b>8 Hrs.</b>		c. CITY OR TOWN <b>Louann</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 2, Portageville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt. 1 Box 101</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Hezekiah H. Goodwin</b>		4. DATE OF DEATH Month Day Year <b>October 5, 1962</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-15-1889</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR   IF UNDER 24 HR Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Louann, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Mike Goodwin</b>		13b. MOTHER'S MAIDEN NAME <b>Ludie Gaskins</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</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. <input type="checkbox"/> 17. INFORMANT <b>Paschal Goodwin, Hayti, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cronary Occlusion - This man died in a cotton field. Was examined by Dr. J. L. Turner Investigated.</b>		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)		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 <b>Louann</b>		COUNTY <b>Oauchita</b>		STATE <b>Ark.</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <b>P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or None) <b>James A. Osburn, Colonel</b>		22b. ADDRESS <b>Wardell, Mo.</b>		22c. DATE SIGNED <b>10-5-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10- -62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ebminezer Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Rt. 1, Louann, Ark.</b>		23e. (State)			
24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Hayti, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-6-62</b>	
26. REGISTRAR'S SIGNATURE <b>Charlotte E. Sloan</b>					

**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 G. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.