

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036754

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8836** SINGLE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY FILED SEP 17 1962		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN St. Louis.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2511 Minnesota
3. NAME OF DECEASED (Type or print) First DOLLIE Middle Bluebell Last STREET		4. DATE OF DEATH Month SEPTEMBER Day 11 Year 1962	
5. SEX Female	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 2/6/1894
9. AGE (last birthday) 68		IF UNDER 11 YEARS Months Days Hours Min.	IF UNDER 20 YEARS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Nebraska
12. CITIZENSHIP OF DECEASED U.S.A.		13. FATHER'S NAME William Burr Goodwin	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE William Andrew	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT		19. INTERVAL BETWEEN ONSET AND DEATH 12-24 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEVERE GENERALIZED ARTERIOSCLEROSIS		DUE TO (c) 331 X	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 II or PART III of item 18.)	
20c. TIME OF INJURY Hour 5:55 a.m. Month, Day, Year JULY 24, 1957		20d. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Dunklin County, Mo.	
21. I attended the deceased from JULY 24, 1957 to SEPT. 11, 1962 and last saw him alive on SEPT. 11, 1962		22. SIGNATURE (Degree or title) C. D. Vermillion, M.D.	
22a. SIGNATURE (Degree or title)		22b. ADDRESS BARNES HOSPITAL	
22c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		22d. DATE SIGNED 9/11/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. LOCATION (City, town, or county) Dunklin County, Mo.	
23c. DATE 9-12-62		23d. DATE RECD. BY LOCAL REG. SEP 12 1962	
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.		25. REGISTRAR'S SIGNATURE Kean Smith, M.D.	

FORM 130-1-12

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 Edmond H. Remelius

Licensed Embalmer No. 4283

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.