

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047577

STATE FILE NUMBER

**DO NOT WRITE ON THIS STUB**

AMENDED

FILED DEC 27 1962

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 109

VS 300  
Rev. 4/59

1 0560  
2 8120  
3 2  
4 0  
5 3  
6  
7 1  
8 2  
9 X  
10  
11 056  
12 1291-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dickerson</u>		c. CITY OR TOWN <u>Quincy</u>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway No. 16</u>		d. STREET ADDRESS (If outside, give location) <u>808 1/2 Maine</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Ray</u> Last <u>Goodapple</u>		4. DATE OF DEATH Month <u>December</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 13, 1929</u>
9. AGE (last birthday) <u>33</u>		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) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paint shop</u>	11. BIRTHPLACE (City and state or country) <u>Quincy, Ill.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>George H. Goodapple</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia Willey</u>		14. NAME OF HUSBAND OR WIFE <u>Nelda Cupi</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>George Goodapple, Quincy, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest, internal injuries</u> DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
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 checked="" 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.) <u>Car struck end of bridge</u>	
20c. TIME OF INJURY Hour <u>7 A.M.</u> Month <u>12</u> Day <u>16</u> Year <u>'62</u>	20d. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>New Monticello, Lewis Co. Mo.</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carl H. Barkley, Coroner</u>		22b. ADDRESS <u>Canton Missouri</u>	22c. DATE SIGNED <u>12-17-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-16-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Mount Ceme.</u>	23d. LOCATION (City, town, or county) (State) <u>Quincy, Adams Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Duber Funeral Home Quincy Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Harry Lloyd</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 6 1963

JAN 4 1963

JAN 9 1963

JUL 25 1963

**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

*John F. Ellis*

Licensed Embalmer No. 4613

P. O. Address Quincy Ill.

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.