MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049351
STATE FILE NUMBER

FILED JAN 8 1963

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 66

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Elkhorn township — Length of stay in Ib: 57 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: South of Truesdale — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Warren
c. CITY OR TOWN: Warrenton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.R. #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lydia — Middle: Phlena — Last: Good

4. DATE OF DEATH: Month: December — Day: 16 — Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-9-1874
9. AGE (last birthday): 88 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Clark County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Wesley Carver
13b. MOTHER'S MAIDEN NAME: Nancy Zuba Sellars
14. NAME OF HUSBAND OR WIFE: Joseph G. Good, deceased

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.: none
17. INFORMANT: John Good — Address: R.R.#1 Warrenton, 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): Chr. Cardio Vascular Renal Dis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

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 6-10-60, to 12-16-62 and last saw her alive on 11-27-62
Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. Walter Eyermann (Degree or title) M.D.
22b. ADDRESS: Warrenton Mo
22c. DATE SIGNED: 12-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-18-62
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Warrenton, Mo.

24. FUNERAL DIRECTOR — ADDRESS: F.W. Nieburg & Co., Warrenton, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 17, 1962
26. REGISTRAR'S SIGNATURE: Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

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 Hiebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.