

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048618

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 176

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0570
2 0920
3 1
4 0
5 2
6
7 0
8 2
9 X
10
11 104
12 1-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED 1963 24 1963

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Length of stay in 1b 3 1/2 Days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hosp. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) RR 2 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Clifford Goodfellow

4. DATE OF DEATH Month Day Year Dec. 19 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/1/1883 9. AGE (last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Goodfellow 13b. MOTHER'S MAIDEN NAME Clara Burd 14. NAME OF HUSBAND OR WIFE Lottie L. Goodfellow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates) None 16. SOCIAL SECURITY NO. 718 17. INFORMANT John B. Goodfellow-Bridgeton, Mo. Address 11815 Natural Bridge

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE INTERVAL BETWEEN ONSET AND DEATH 3 MINS MULTIPLE RIB FRACTURES 3 1/2 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Cerebral Concussion

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 X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRUCK RAN OFF ROAD

20c. TIME OF INJURY Hour - 5 p.m. Month, Day, Year 12 16 63

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.) Highway 20f. CITY, TOWN, OR LOCATION COUNTY STATE WARRENTON WARREN MO.

21. I attended the deceased from 12-16-63 to 12-19-63 and last saw him alive on 12-19-63 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Blachwell P.O. 22b. ADDRESS Troy, Mo. 22c. DATE SIGNED 12-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/22/1963 23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery 23d. LOCATION (City, town, or county) State Wentzville Missouri

24. FUNERAL DIRECTOR ADDRESS T. F. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo. 25. DATE RECD. BY LOCAL REG. 12-20-1963 26. REGISTRAR'S SIGNATURE Charlotte Leek

USE BLACK INK OR TYPEWRITER RIBBON

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

Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.