

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0010566

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 83

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0930

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4 0

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12 1-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Appleton City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Ernest Elba Goodenough</u>		4. DATE OF DEATH <u>3-25-66</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-16-94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Montroue Mo</u>	
13a. FATHER'S NAME <u>Robert E. Goodenough</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lewellen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I.</u>		17. INFORMANT <u>Ray Goodenough</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>Acute Renal Failure</u> DUE TO (b) <u>Post operative Shock</u> DUE TO (c) <u>Post operative fracture Rt femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs.</u> <u>14 hrs</u> <u>14 hrs</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 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 <u>3 A</u> Month, Day, Year <u>3-21-66</u>		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 <u>Appleton City Mo</u>	
21. I attended the deceased from <u>3-21-66</u> to <u>3-25-66</u> and last saw her alive on <u>3 PM - 3-25-66</u> Death occurred at <u>3 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS <u>106 S. 3rd Clinton Mo</u>	
22b. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>		22c. DATE SIGNED <u>3-26-66</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-27-66</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	23d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>
24. FUNERAL DIRECTOR <u>Oscar Eckhoff</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-66</u>	
ADDRESS <u>Appleton City Mo</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 11 1966

APR 21 1966

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.

Permit Obtained 3-26-66 ms