

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0006082

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 65

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421

2 0190

3

4 1

5 2

6

7 1

8 2

9 040

10 21

11 042

12 06-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Creighton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Rest Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ollie Mary Goodson		4. DATE OF DEATH Month Day Year Feb 27 1967	
5. SEX Fe	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-75
9. AGE (last birthday) 91		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) Salesburg, Ill.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Jacob Fink		13b. MOTHER'S MAIDEN NAME Russell	
14. NAME OF HUSBAND OR WIFE Albert Goodson		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. 496-54-9116T		17. INFORMANT Address Harry Goodson, Creighton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse DUE TO (b) Senility DUE TO (c) 10 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right hip 1-16-67 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		INTERVAL BETWEEN ONSET AND DEATH instant	
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.) patient fell at home	
20c. TIME OF INJURY Hour s.m. p.m. 1-16-67	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Windsor	20f. CITY, TOWN, OR LOCATION Henry	COUNTY Mo. STATE	
21. I attended the deceased from 1-7-67 to 2-27-67 and last saw her alive on 2-27-67		Death occurred at 6:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE William Smith (Degree or title)		22b. ADDRESS 103 W. Colt Windsor, Mo.	22c. DATE SIGNED 2-28-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-2-67	23c. NAME OF CEMETERY OR CREMATORY Parker (Cass Co)	23d. LOCATION (City, town, or county) Creighton Mo.
24. FUNERAL DIRECTOR ADDRESS Snow's Funeral Home, Urich, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 28, 67	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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

Merle D. Snow

Licensed Embalmer No. 4034

P. O. Address Ulrich, 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 2-28-67 (1015)