

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0027127

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 356

FILED AUG 2 1967

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Purdin	
Length of stay in 1b 1 wk. 2 da		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San. & Hos		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) RALPH		4. DATE OF DEATH Month July Day 26 Year 1967	
First Middle Last RALPH HAROLD GOINS		5. SEX Male	
6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 6/23/1897		9. AGE (last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Road Construction	
11. BIRTHPLACE (City and state or country) Purdin, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jessie Allen Goins		13b. MOTHER'S MAIDEN NAME Emma Cassity	
14. NAME OF HUSBAND OR WIFE None		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. 493-18-0789		17. INFORMANT Mr. Gerald Lee Goins	
Address Denver, Colo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-Op Gastric DUE TO (c) Gastric Ulcer 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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.	
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 Purdin, Mo.		COUNTY STATE	
21. I attended the deceased from July 17, 1967 to July 26, 1967 and last saw him alive on July 26, 1967 Death occurred at 11:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Ray Linder M.D.		22b. ADDRESS Independence, Missouri	
22c. DATE SIGNED July 27, 1967		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 29, 1967		23c. NAME OF CEMETERY OR CREMATORY Purdin Cemetery	
23d. LOCATION (City, town, or county) Purdin, Mo.		24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.	
25. DATE RECD. BY LOCAL REG. 7-28-67		26. REGISTRAR'S SIGNATURE John J. Lewis	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 7005
2 3580

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12 1-0

13 5-0

SEP 12 1967

SEP 7 1967

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

Jerry Huss Carson

Licensed Embalmer No. 5358

P. O. Address Independ., 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.