No. 300
10.48

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19049

State File No.

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5362 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Jamesport Twp.
c. LENGTH OF STAY (In this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jamesport Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jamesport Twp.
d. STREET ADDRESS (If rural, give location): Jamesport Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): NATHAN
b. (Middle): ELMER
c. (Last): GOODVIN

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 18, 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Daviess Co, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel J. Goodvin
13b. MOTHER'S MAIDEN NAME: Minerva J. Thomas
14. NAME OF HUSBAND OR WIFE: Lucy E. Haines Goodvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Lucy E. Goodvin — ADDRESS: Jamesport, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypo Static Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Asteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nephritis — 231A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19 47, *to* 25 June 19 49, *that I last saw the deceased alive on* 25 June 19 49, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Barley
(Degree or title): D.O.
23b. ADDRESS: Jamesport Mo
23c. DATE SIGNED: 6-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28, 1949
24c. NAME OF CEMETERY OR CREMATORY: Pilot Grove #2
24d. LOCATION (City, town, or county) (State): Daviess County, Mo.

DATE REC'D BY LOCAL REG.: 29 June 1949
REGISTRAR'S SIGNATURE: Virginia M. Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE: Raymond A. Davis
ADDRESS: Trenton, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 5 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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~~ Winifred S. Taff Student Embalmer No. 239 working under my personal supervision.

Signed Winifred S. Taff
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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 this body is not embalmed, fact should be so stated above.