

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15457
158

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, write RURAL and give township) Kirksville

c. LENGTH OF STAY (In this place) 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo. b. COUNTY Sullivan

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1050

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED

a. (First) Nancy b. (Middle) Jane c. (Last) Goodwin

4. DATE OF DEATH (Month) (Day) (Year) 5-29-51

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-1-73 9. AGE (In years last birthday) 78 10. MONTHS 2 11. DAYS 28 12. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer's wife

10b. KIND OF BUSINESS OR INDUSTRY Home work

11. BIRTHPLACE (State or foreign country) Sullivan Co. Mo.

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Elijah Spencer 13b. MOTHER'S MAIDEN NAME Nancy Jones 14. NAME OF HUSBAND OR WIFE Lewis Goodwin - Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Ruth Franklin ADDRESS Milan, Mo.

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Pseudo-pneumothorax

INTERVAL BETWEEN ONSET AND DEATH 1 year

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) _____ 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 5-16-1951, to 5-29-1951; that I last saw the deceased alive on 5-29-1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS Kirkville, Mo. 23c. DATE SIGNED 6/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-31-51 24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem. 24d. LOCATION (City, town, or county) (State) Milan, Mo.

DATE REC'D BY LOCAL REG. 6-2-51 REGISTRAR'S SIGNATURE Hate Lambert 25. FUNERAL DIRECTOR'S SIGNATURE Schoeffer ADDRESS Milan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1013
0

Date Received: JUN 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1046
Date Filed: JUN 7 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Milwaukee - Wis

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.