

No. 309  
10.48

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37820

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO RURAL</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HY. 21, 3 Mi S. OF HILLSBORO</u>		e. STREET ADDRESS (If rural, give location) <u>2301 BENTON ST. 2209</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYME</u> b. (Middle) <u>IRENE</u> c. (Last) <u>GOODWIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 27 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>AUG. 9, 1928</u>
9. AGE (In years last birthday) <u>26</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIME KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NATIONAL SAUNDREY REJECTORS CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWARD L. JEFFCOTT</u>	
13b. MOTHER'S MAIDEN NAME <u>JEANETTE MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>HAROLD K. GOODWIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-28-8553</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD L. JEFFCOTT</u>		ADDRESS <u>4034 N. NEWSTEAD</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BY HEAD ON COLLISION OF 2</u>		ANTECEDENT CAUSES		
DUE TO (b) <u>AUTOMOBILES ON HY #21 ABOUT</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c) <u>1 1/2 MI. SOUTH OF HILLSBORO</u>		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. HOW DID INJURY OCCUR? <u>E8164 26 050</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Edmonds, M.D., Coroner</u>	23b. ADDRESS <u>Ordor Hill Mo</u>	23c. DATE SIGNED <u>11/27/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLEY CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Colon A. Beatty</u>
DATE REC'D BY LOCAL REG. <u>4/29/54</u>	REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>	ADDRESS <u>4828 Nat. Bridge St. Louis Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

2500

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 9 1956

DEC 2 1954

DEC 6 1954

FEB 26 1957

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 *Samuel B. Dittel*.....

Licensed Embalmer No. *4104*

P. O. Address *Delta 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.