

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43352

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston			c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston			0672
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence, 709 E. Cypress				d. STREET ADDRESS. (If rural, give location) 709 E. Cypress			
3. NAME OF DECEASED (Type or Print) a. (First) Oliver		b. (Middle) Franklin		c. (Last) Goodin		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1898		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Circuit Clerk		10b. KIND OF BUSINESS OR INDUSTRY Circuit Clerk		11. BIRTHPLACE (State or foreign country) Charleston, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oliver Franklin Goodin		13b. MOTHER'S MAIDEN NAME Florence McDouough		14. NAME OF HUSBAND OR WIFE Lucille F. Goodin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille F. Goodin, Charleston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Self-inflicted bullet wound in right temple from a 32</i></p> <p>ANTECEDENT CAUSES: <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>DUE TO (b) <i>Pal. Colt pistol</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Charleston Miss Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec. 15, 1954 8:30 pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive on _____, 19____, and that death occurred at 10:30 AM, from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <i>Edward Shelby, Coroner</i>				23b. ADDRESS <i>East Prairie, Mo.</i>		23c. DATE SIGNED <i>12-15-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>12/17/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Charleston, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>12-28-54</i>		REGISTRAR'S SIGNATURE <i>Jean Hearnes</i>		480		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <i>Edward S. Nunnelee, The Nunnelee Funeral Chapel</i>	

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

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JAN 21 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JAN 22 1955

JAN 26 1955

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
Student Embalmer

Signed John F. Nusslee Jr
Licensed Embalmer No. 3851

P. O. Address Charleston, 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 this body is not embalmed, fact should be so stated above.