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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1955

State File No. 12428

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg, 0512 0
d. STREET ADDRESS (If rural, give location): 422 West Ming St.

3. NAME OF DECEASED (Type or Print)
a. (First): RANARD
b. (Middle): EDWARD
c. (Last): GOODWIN,

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1955

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: March 4, 1922
9. AGE (In years last birthday): 33 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian,
10b. KIND OF BUSINESS OR INDUSTRY: Janator work,
11. BIRTHPLACE (City and State or Foreign Country): Johnson County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Logan Goodwin,
13b. MOTHER'S MAIDEN NAME: Nancy Frances Bradshaw,
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War#2
16. SOCIAL SECURITY NO.: 37-497-887
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Frances Johnson, Warrensburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malignant Hypertension c̄

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

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

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 593X
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* Jan, 1955, *to* 4-8-, 1955, *that I last saw the deceased alive on* 4-8-, 1955, *and that death occurred at* 9:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reed Morson O.M.D.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 4-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-1955
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery,
24d. LOCATION (City, town, or county) (State): Warrensburg, Mo.

DATE REC'D BY LOCAL REG.: Apr. 11, 1955
REGISTRAR'S SIGNATURE: Savannah Cutchfield 42-C
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R.A. Brauninger, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 18 1955
JOHNSON COUNTY HEALTH

APR 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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R. A. Baumiger

Licensed Embalmer No. 3377

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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