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RN 10097 JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 103

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky b. COUNTY McCracken | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | | c. CITY OR TOWN Paducah | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 91 days | | e. STREET ADDRESS (If rural, give location) Route # 5 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital | | | |

| | | | | |
|-------------------------------------|--------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Oswald | b. (Middle) (none) | c. (Last) Goins | 4. DATE OF DEATH (Month) (Day) (Year) Jan 3, 1956 |
|-------------------------------------|--------------------------|---------------------------|------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------|---|---|---|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 5-14-89 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------|---|---|---|

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| 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 (City and State or Foreign Country) Lowes, Ky. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|--------------------------------------|--|--|
| 13a. FATHER'S NAME John Goins | 13b. MOTHER'S MAIDEN NAME Rebecca Hopwood | 14. NAME OF HUSBAND OR WIFE Daisy Goins |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year and date of service) WWI | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records | ADDRESS _____ |
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| | | | |
|--|--|-------------|----------------------------------|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia, due to carcinoma of the urinary bladder with urinary obstruction | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | 181X | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|--|--|---|
| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. | 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 **Oct. 4, 1955**, to **Jan. 3, 1956** ~~at the residence of the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at **3:27pm.**, from the causes and on the date stated above.

| | | |
|---|--|--------------------------------|
| 23a. SIGNATURE Ernest M. Tapp (Degree or title) M.D., Manager | 23b. ADDRESS VAH, Poplar Bluff, Mo. | 23c. DATE SIGNED 1-4-56 |
|---|--|--------------------------------|

| | | | |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) Removal | 24b. DATE 1-3-56 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem. | 24d. LOCATION (City, town, or county) (State) Paducah, Kentucky |
|---|-------------------------|--|--|

| | | | |
|--|--|---|----------------------------------|
| DATE REC'D BY LOCAL REG. 1/9/56 | REGISTRAR'S SIGNATURE Frank Cotrell | 25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell | ADDRESS Poplar Bluff, Mo. |
|--|--|---|----------------------------------|

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

RECEIVED

JAN 12 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 8 1956
T & MFC

VS
JUL 20 1960

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 _____
Good W. Shell

Licensed Embalmer No. 29

P. O. Address _____
Doelke Bldg

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.