

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

630

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KEYTESVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KEYTESVILLE	
c. LENGTH OF STAY (In this place) 40-YEARS		d. STREET ADDRESS (If rural, give location) NORTH PART OF KEYTESVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTH PART OF KEYTESVILLE		e. STREET ADDRESS NORTH PART OF KEYTESVILLE	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) ----		c. (Last) GOODIN		4. DATE (Month) (Day) (Year) OF DEATH JAN. 23RD, 1956	
5. SEX MALE		6. COLOR OR RACE BLACK		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 3, 1874	
9. AGE (In years last birthday) 81		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) JANITOR RETIRED		10b. KIND OF BUSINESS OR INDUSTRY JANITOR RETIRED		11. BIRTHPLACE (State or foreign country) MANTON MICHIGAN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE LENA GOODIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LENA GOODIN KEYTESVILLE, 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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic 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.							

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)		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 <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 May 7, 1951, to Jan 23, 1956 that I last saw the deceased alive on Jan 21, 1956 and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE Carl C. Hegar		(Degree or title) M.D.		23b. ADDRESS Keytesville Mo		23c. DATE SIGNED 1/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JAN. 26TH, 1956		24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) KEYTESVILLE, MO.	

DATE REC'D BY LOCAL REG. 1/26/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] KEYTESVILLE, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

H. D. Garrett

Licensed Embalmer No. *3046*

P. O. Address. *Key Tsville 7*

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

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