

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32747

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2214

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. LENGTH OF STAY (in this place) 5 mos.	c. CITY OR TOWN Ballwin 4000		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 Coronet Drive			e. STREET ADDRESS (If rural, give location) 25 Coronet Drive		
3. NAME OF DECEASED (Type or Print) a. (First) Gary		b. (Middle) Lynn	c. (Last) Goodin	4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/10/54	9. AGE (In years last birthday) 2	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) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Taylorville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Earl Goodin		13b. MOTHER'S MAIDEN NAME Eunice Derryberry	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE AND ADDRESS Earl Goodin, 25 Coronet Dr., Ballwin		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PELVINE PARITIS			Mo. _____ 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) CONGENITAL HYDROCEPHALIC		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 752X			2 1/2 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 6000			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 JUNE , 1956, to 9-18 , 1956, that I last saw the deceased alive on 9-18 , 1956, and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter Blankenship M.D.			23b. ADDRESS Ballwin Mo.		23c. DATE SIGNED 9-19-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/20/56	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery,	24d. LOCATION (City, town, or county) (State) Summersville, Mo.		
DATE REC'D BY LOCAL REG. 9-19-56	REGISTRAR'S SIGNATURE Herbert R. Dombard		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Schrader Funeral Home, Ballwin, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Ballerin, T.*

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.