

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34682

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside Kirksville, Mo. , give TOWNSHIP only) OR TOWN 1107 N. Main St.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1107 N. Main St.,		Length of stay in lb 1 yr	d. STREET ADDRESS 1107 N. Main St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leon Middle Harston Last Goodwin			4. DATE OF DEATH Month Nov. Day 4, Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1882		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Christopher Columbus Goodwin			14. MOTHER'S MAIDEN NAME Margaret Dillinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) N		16. SOCIAL SECURITY NO. 486 18 7787 A	17. INFORMANT Address Miss Lena Goodwin, Kirksville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes					10 Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Nephritis					5 Yrs
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 260X		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1950 to Nov 4, 1957 and last saw him alive on Nov. 4, 1957 Death occurred at 7:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Sign for title) RD Stuckler M.D.				22b. ADDRESS Kirksville, Mo	
22c. DATE SIGNED 11/5/57					
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 11/7/57		23c. NAME OF CEMETERY OR CREMATORY Lutz Cemetery	
23d. LOCATION (City, town, or county) (State) Adair County, Mo.					
24. FUNERAL DIRECTOR Charles A. Ruff		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 11-6-1957	
26. REGISTRAR'S SIGNATURE Doris W. Rathoff					

DEC 2 1957

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 *George W. Davolt*

Licensed Embalmer No. *47*

P. O. Address *Hudson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.