

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010583
State File No.

FILED APR 15 1958

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u> <u>0520</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaBelle</u>		c. CITY OR TOWN <u>Edina</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		f. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence of gr. daughter</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNIE</u>	b. (Middle) <u>MATILDA</u>	c. (Last) <u>GOODWIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 28, 1958</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Jan 14, 1868</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Daniel Goodwin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Snelling</u>	14. NAME OF HUSBAND OR WIFE <u>Reason M. Goodwin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Freddie Prebe</u>	ADDRESS <u>Edina, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	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 _____	794X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>
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22. I hereby certify that I attended the deceased from Mar 25, 1958, to Mar 29, 1958, that I last saw the deceased alive on Mar 28, 1958, and that death occurred at 10:44 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. V. Coater</u> (Degree or title) <u>Do 2</u>	23b. ADDRESS <u>LaBelle, Mo</u>	23c. DATE SIGNED <u>3/28/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>31 Mar '58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-11-58</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Rimmer</u> ADDRESS <u>Edina, Mo</u>
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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..... *W. G. Rimmer*

Licensed Embalmer No. *504*

P. O. Address *Edina, Minn.*

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.