

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005287
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

FILED MAR 9 1959 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany</u> c 416
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in 1b <u>1 yr</u>	d. STREET ADDRESS (If outside, give location) <u>Factory St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY LAVilla Goodwin</u>		4. DATE OF DEATH Month Day Year <u>2-28-1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1891</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Champaign, Ill. U.S.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Thomas Baker</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Drake</u>		14. NAME OF HUSBAND OR WIFE <u>Sidney Arthur Goodwin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or Unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT Address <u>Sidney Arthur Goodwin Bethany Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes 331x</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u></u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <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.) <u></u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bethany Mo</u>	
21. I attended the deceased from <u>1946</u> to <u>Feb 28, 1959</u> and last saw her ^{her} _{him} alive on <u>2/27/59</u> Death occurred at <u>Feb 28 12:24</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marriam Gearhart MD.</u>		22b. ADDRESS <u>Bethany Mo</u>	22c. DATE SIGNED <u>2/28/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-3-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morris Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>
24. FUNERAL DIRECTOR <u>Mr. J. Lee Bethany Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-1959</u>	26. REGISTRAR'S SIGNATURE <u>Zella Mayer</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no relation to Part I must be causally related.

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 *M B Haas*

Licensed Embalmer No. *3899*
P. O. Address *Bethany Mo.*

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.