

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959 / 3

59 0 43 2 5 6

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 155

UNDECEASED

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Barry</i>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY <i>Lawrence</i> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>Monett</i>                         |  | Length of stay in lb<br><i>12 hrs.</i>   | c. CITY OR TOWN <i>Mt. Vernon - RR 1.</i> Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>St. Vincent Hospital</i> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|   |                              |   |  |   |  |  |
|---|------------------------------|---|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><i>Lenna Catherin Goodin</i>                           |                              |   | 4. DATE OF DEATH Month Day Year<br><i>12 - 15 - 1959</i> |   |  |  |
| 5. SEX<br><i>F</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>12-6-1873</i>                     | 9. AGE (last birthday)<br><i>86</i>                                   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i> |                              | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><i>Lawrence Co. Mo.</i> | 12. CITIZEN OF WHAT COUNTRY<br><i>USA</i>                |  |
| 13a. FATHER'S NAME<br><i>William V. Jeffords</i>  |                              | 13b. MOTHER'S MAIDEN NAME<br><i>Mary Jane White</i>   |  | 14. NAME OF HUSBAND OR WIFE<br><i>W. Felix Goodin</i>                 |  |  |

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><i>—</i> | 16. SOCIAL SECURITY NO.<br><i>—</i> | 17. INFORMANT Address<br><i>Bessie Couplin Cassville. Mo.</i> |
|--|-------------------------------------|---|

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Abdominal Aortic Thrombosis</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 1/2 da.</i><br><i>1 wk</i><br><i>10 yrs</i><br><i>3-6 Mo.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <i>Fibrinous pericarditis</i> |  |
|  | DUE TO (c) <i>Malnutrition</i>           |  |

|   |  |   |  |
|---|--|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.) |
|---|---|--|

|                                    |                  |
|------------------------------------|------------------|
| 20c. TIME OF INJURY Hour s.m. p.m. | Month, Day, Year |
|------------------------------------|------------------|

|  |  |   |
|--|--|---|
| 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 *8/24/50* to *11/14/59* and last saw her *him* alive on *12/14/59*  
Death occurred at *2:03 a.* m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><i>Bessie Couplin</i> | 22b. ADDRESS<br><i>Mt. Vernon, Mo</i> | 22c. DATE SIGNED<br><i>12/16/59</i> |
|---|---------------------------------------|-------------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REINTERMENT (Specify) | 23b. DATE<br><i>12-17-59</i> | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Summitt</i> | 23d. LOCATION (City, town, or county) (State)<br><i>Mt. Vernon Mo.</i> |
|---|------------------------------|--|--|

|   |   |  |
|---|---|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><i>Max L. Fossett</i> | 25. DATE RECD. BY LOCAL REG.<br><i>12-19-59</i> | 26. REGISTRAR'S SIGNATURE<br><i>M. W. Cook</i> |
|---|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Max L. Fossell*

Licensed Embalmer No. 4252

P. O. Address Not Given

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.