URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-007100

STATE FILE NUMBER

FILED VS MAR 1 1960

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lewistown — Length of stay in 1b: 4 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Prairie View Rest Hm — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Knox
c. CITY OR TOWN: Knox City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARY — Middle BELLE — Last GOODWIN

4. DATE OF DEATH: Month Feb — Day 19 — Year 1960

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8 Nov 1865
9. AGE (last birthday): 94
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Knox County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Petree
13b. MOTHER'S MAIDEN NAME: Satira Callaway
14. NAME OF HUSBAND OR WIFE: Charles Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Cecil Goodwin — Address: Edina, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 55, to 19 Feb 60 and last saw her alive on 18 Feb 60
Death occurred at D.O.A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W Will D.O.
22b. ADDRESS: Lewistown Mo
22c. DATE SIGNED: 22 Feb 60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 21 Feb 1960
23c. NAME OF CEMETERY OR CREMATORY: Davis Cemetery
23d. LOCATION (City, town, or county) (State): Knox County

24. FUNERAL DIRECTOR: HUDSON-RIMER FUNERAL HOME — ADDRESS: Edina, Mo
25. DATE RECD. BY LOCAL REG.: 2-24-60
26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed A S Rimer

Licensed Embalmer No. 504

P. O. Address Edina,

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