SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-020239

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 168

FILED JUN 26 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo. home
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair
c. CITY OR TOWN Kirksville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 515 S. Franklin
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ralph Middle Edward Last Goodwin

4. DATE OF DEATH Month June Day 21 Year 1961

5. SEX Male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-24-1895
9. AGE (last birthday) 66
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) retired merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Moberly, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James E. Goodwin
13b. MOTHER'S MAIDEN NAME Blanche Owings
14. NAME OF HUSBAND OR WIFE ~~Irene Starkle Goodwin~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World war I
17. INFORMANT Address Irene Goodwin, 515 S. Franklin

INSTEAD OF

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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
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 June 21, 1961 to June 21, 1961 and last saw him alive on June 21, 1961
Death occurred at 8:15 P.M. 6/21/1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Spencer L. Freeman M.D. (Degree or title)
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 6/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 24, 1961
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kirksville, Mo.

24. FUNERAL DIRECTOR Dee Riley Funeral Home, Inc. ADDRESS Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. June 23, 1961
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

JUN 29 1961

JUN 27 1961

SPENCER L. FREEMAN, M.D.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kittanning, Me.

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.