

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-039989

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 329 STATE FILE NUMBER

**FILED NOV 21 1961**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>	Length of stay in lb <b>3 weeks</b>	c. CITY OR TOWN <b>Kirksville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>515 S. Franklin</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Blanche Owings Goodwin</b>			4. DATE OF DEATH Month Day Year <b>November 11, 1961</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-12-1872</b>	9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeping</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John R. Owings</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Seaman</b>		14. NAME OF HUSBAND OR WIFE <b>James E. Goodwin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Irene Goodwin, 515 S. Franklin, Kirksville</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis--acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Mon.</b>
DUE TO (b) <b>Bronchitis--actue</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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 Oct. 19, 1961 to Nov. 11, 1961 and last saw <sup>her</sup> alive on Nov. 11, 1961  
Death occurred at 2:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Dr. Stickler Mo.</b>		22b. ADDRESS <b>Kirksville, Missouri</b>	22c. DATE SIGNED <b>11/13/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 13, 61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kirksville, Mo.</b>

24. FUNERAL DIRECTOR <b>Dee Riley Funeral Home, Inc.</b>	ADDRESS <b>415 N. Franklin</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 13, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Rathoff</b>
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*W. K. Jackson, Pres.* Kirksville, Mo. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

DEC 5 1961

R. O. STICKLER, 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 Harold E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, 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.