

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000013

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 38

AMENDED

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		c. CITY OR TOWN <u>Kirkville</u>	
Length of stay in lb <u>life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>		d. STREET ADDRESS (If outside, give location) <u>1407 N. Main</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Madge</u> Middle <u>Jane</u> Last <u>Goodwin</u>			4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1962</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/11/1891</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>19</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Lingle, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>William R. Blake</u>		13b. MOTHER'S MAIDEN NAME <u>Dorthal Trembley</u>	
14. NAME OF HUSBAND OR WIFE <u>Leon H. Goodwin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Lena Helen Headley Redondo Beach, Calif</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>Sepsis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>days.</u>
DUE TO (b) <u>Acute Suppurative Parotitis</u>			
DUE TO (c) <u>Staphylococcus albus Organism</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Diabetes Mellitus</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <u>10:25</u> Month, Day, Year <u>7-17-61</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7-17-61 to Jan. 30, 1962 and last saw her alive on 1-30-62
Death occurred at 10:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Georgette Schreiner, D.O.</u> (Degree or title)		22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>1-31-62</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2/1/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutz Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Western Adair Co., Mo.</u>	

24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Inc.</u> ADDRESS <u>415 North Franklin</u> <u>Kirkville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-1962</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Gatliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

GEORGE H. SCHEURER, D.O.

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 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.