

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002626

STATE FILE NUMBER

Registration District No. 127 Primary Registration District No. 3040 Registrar's No. 18

AMENDED

FILED JAN 29 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
a. COUNTY <u>LIVINGSTON</u>	a. STATE <u>MO</u>	b. COUNTY <u>LINN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHILLICOTHE</u>	Length of stay in 1b <u>1 WK</u>	c. CITY OR TOWN <u>MEADVILLE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHILLICOTHE HOSPITAL</u>		d. STREET ADDRESS (if outside, give location)	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>ALMEDA</u>	Middle <u>GOINS</u>	Last <u>EWING</u>	Month <u>1</u>	Day <u>23</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>6-19-75</u>	9. AGE (last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LINN COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>GILFORD GOINS</u>		13b. MOTHER'S MAIDEN NAME <u>DORINDA OWENS</u>	14. NAME OF HUSBAND OR WIFE <u>BENTON</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>N</u>	17. INFORMANT <u>LUCY THOMAS, MEADVILLE, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Myocardial insufficiency</u>	<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Memoria</u>	<u>6 mon.</u>
	DUE TO (c) <u>Arteriosclerosis advanced</u>	<u>15 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of rt. femur</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell in her home.</u>
20c. TIME OF INJURY <u>9:00 a.m.</u>	Month, Day, Year <u>1-17-62</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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Meadville, Linn Mo</u>
21. I attended the deceased from <u>1-17-62</u> to <u>1-23-62</u> and last saw her alive on <u>1-22-62</u> Death occurred at <u>6:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>W. Bryan D.O.</u>		22b. ADDRESS <u>Tooebling, Mo.</u>	22c. DATE SIGNED <u>1-24-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LINN COUNTY, MO.</u>
24. FUNERAL DIRECTOR <u>WRIGHTS, MEADVILLE MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 24, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JAN 30 1962

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 MR Knight

Licensed Embalmer No. 4655

P. O. Address Meadville, 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.