

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-Q19813

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered For **FILED JUN 4 1962** Primary Registration District No. **3052** Registrar's No. **212**

VS 300  
-Rev. 4/59

10808

20808

10

11

12/0

13/0

DATE AMENDED  
9/17/62  
9/17/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
5 Miles  
Mrs. Catherine M. Goodwin

ITEM NO. SHOULD READ  
2d 3 Miles  
14, 17 Mrs. Kathryn M. Goodwin

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Pettis</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b> Length of stay in lb <b>12 days</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> c. CITY OR TOWN <b>Sedalia</b> - Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <b>3</b> (If outside, give location) <b>5 miles NE of Sedalia</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MARVIN</b> Middle <b>GOODWIN</b> Last <b>GOODWIN</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 2, 1910</b>
9. AGE (last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy Farming</b>	11. BIRTHPLACE (City and state or country) <b>Warrensburg, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Chris Goodwin</b>	
13b. MOTHER'S MAIDEN NAME <b>Tula Cameron</b>		14. NAME OF HUSBAND OR WIFE <b>Kathryn Mrs. Catherine M. 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>Not Given</b>	
17. INFORMANT <b>Kathryn Mrs. Catherine M. Goodwin, Rt. 2, Sedalia</b>		Address	
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>Malignant Hypertension-arteriolar nephrosclerosis</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <b>9-29-61</b> to <b>5-31-62</b> and last saw him/her alive on <b>May 31, 1962</b> Death occurred at <b>7:30p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>T. S. Hopkins, M.D.</b> (Doctor or title)		22b. ADDRESS <b>1609 S. Limit Sedalia, Mo.</b>	
22c. DATE SIGNED <b>6-1-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-2-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
24. FUNERAL DIRECTOR <b>D. W. HECKART, Sedalia, Missouri</b> ADDRESS <b>Gillespie Funeral Home Sedalia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-2-62</b>	
		26. REGISTRAR'S SIGNATURE <b>N. Anderson, Deputy</b>	

INK OR TYPEWRITER RIBBON

MS JUN 5 1962

AUG 28 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 John R. Turner Jr.  
Licensed Embalmer No. 5173

P. O. Address Adalia 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.