

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

69 -62-043485
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. _____

FILED NOV 20 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Merced		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Merced	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b life	c. CITY OR TOWN Princeton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 602 N. Broadway
3. NAME OF DECEASED (Type or print) First Gay Middle D. Last Goin		4. DATE OF DEATH Month November Day 15 , Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-22-1893
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 69
11. BIRTHPLACE (City and state or country) Merced Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Goin		13b. MOTHER'S MAIDEN NAME Ollie Dykes	
14. NAME OF HUSBAND OR WIFE Mabel M. Goin		17. INFORMANT Address Mrs Mabel Goin Princeton, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes, give war dates of service		16. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 42 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
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	
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE _____	
21. I attended the deceased from Sept 29th 1962 to Nov 15th 1962 and last saw her Nov 11th 1962 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Oliver F. [Signature] (Degree or title) _____	
22b. ADDRESS Trenton Mo		22c. DATE SIGNED 11-16-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 18-62	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	23d. LOCATION (City, town, or county) (State) Merced Co., Mo
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo		25. DATE RECD. BY LOCAL REG. 11-16-62	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

NOV 27 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 *Paul Trust*

Licensed Embalmer No. 2634

P. O. Address *Emata No.*

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.

Permit obtained 11-16-62 M.H.