

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023701

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 80 Primary Registration District No. 5306 Registrar's No. 9

FILED Jul 10 1963

VS 300
Rev. 4/59

1 0260

2 0260

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12 90-0

13 7-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF:

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centertown, Mo - (Marion)</u> Length of stay in 1b <u>15 Yrs</u>		c. CITY OR TOWN <u>Centertown, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home- Rt # 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Emanuel</u> Middle Last <u>Goon</u>		4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>Male</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>3/12/69</u>
9. AGE (last birthday) <u>94</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>	11. BIRTHPLACE (City and state or country) <u>Cole Co</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>UnKnown</u>	
13b. MOTHER'S MAIDEN NAME <u>UnKnown</u>		14. NAME OF HUSBAND OR WIFE <u>Hettie Goon-Deceased</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>William Echenberger-Centertown, Mo</u> 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) <u>MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 HRS.</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE 20 YRS.</u>			
DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>			<u>25 YRS.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC ENCEPHALOPATHY</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 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 <u>JUNE 18, 1963</u> to <u>JULY 5, 1963</u> and last saw him alive on <u>JUNE 25, 1963</u> . Death occurred at <u>1/30 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald Shue M.D.</u>		22b. ADDRESS <u>521 E. High Jefferson City Mo.</u>	22c. DATE SIGNED <u>July 6, 1963</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/6/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>	23d. LOCATION (City, town, or county) <u>Centertown, Mo</u>
24. FUNERAL DIRECTOR <u>Bowlin Funeral Home-California, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>July 7</u>	26. REGISTRAR'S SIGNATURE <u>Minnie Hettie Meyer</u>

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 Earl Dambler

Licensed Embalmer No. 2126

P. O. Address Alhambra, Cal.

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.

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