

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32617

State File No. _____

Registration District No. 578 Primary Registration District No. 578 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Eddie Green Goalder
3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-18-7746

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lida Jane Goalder
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan 24 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business coal miner

12. Name Mark Perry Goalder

13. Birthplace Ky (City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Wilcox

15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B W Goalder

(b) Address Madison Mo.

17. (a) Burial (b) Date thereof Oct. 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Paul G. Simpson

(b) Address Madison Mo.

19. (a) 10/11/1940 (b) W. J. Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th
year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death fractured skull
and head, due to coal mine
accident, with about 1/2 ton
due to coal falling on his head
while working in coal mine
Due to _____
Due to accident
Other conditions _____
(include pregnancy within 9 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept 20

(c) Where did injury occur? Madison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Coal mine

While at work? yes (Specify type of place) (e) Means of injury crushed skull

23. Signature W. J. Wilson (M. D. or other)

Address Madison City Mo Date signed 7/30/40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lucas G. Thompson*

Licensed Embalmer No. *1420*

P. O. Address *Madison, 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 this body is not embalmed, above space should be left blank.