

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32497

State File No.

No. 300
10.48

FILED OCT 26 1955

BIRTH NO. _____		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>3011</u>	Registrar's No. <u>91</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Carroll</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Carroll</u>
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 days</u>		e. STREET ADDRESS (If rural, give location) <u>Road 1 (7 miles N.W. Carrollton)</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Statons Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Road 1 (7 miles N.W. Carrollton)</u>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
a. (First) <u>Bessie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Goodson</u>
b. (Month) <u>Oct.</u>		c. (Day) <u>19</u>		d. (Year) <u>1955</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>May 17, 1885</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months _____ Days _____
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		
13a. FATHER'S NAME <u>Will Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Moffitt</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Goodson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Goodson</u>
				ADDRESS <u>Carrollton, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>1561</u>		
II. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>the liver</u>		
		DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Oct 10, 1955</u> to <u>Oct 19, 1955</u> that I last saw the deceased alive on <u>Oct 19, 1955</u> and that death occurred at <u>5:30 p.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>R. A. Hamilton</u>		23b. ADDRESS <u>Staton Mt. Carrollton, Mo.</u>		23c. DATE SIGNED <u>Oct 20, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trotter Cem.</u>
24d. LOCATION (City, town, or county) <u>Carrollton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley & Gibson</u>		
DATE REC'D BY LOCAL REG. <u>10/21/55</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		ADDRESS <u>Carrollton, Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.