

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011108
STATE FILE NUMBER

FILED APR 10 1958 Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Cairo</i> 0280 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hosp.</i> Length of stay in lb <i>1 Day</i>		d. STREET ADDRESS (If outside, give location) <i>R.F.D. 1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>ALVIN</i> Middle <i>OTIS</i> Last <i>GOODING</i>		4. DATE OF DEATH Month <i>March</i> Day <i>24</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept-19-1879</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9c. AGE (In years last birthday) <i>78</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	10c. BIRTHPLACE (City and state or country) <i>Cairo Mo.</i>
11. BIRTHPLACE (City and state or country) <i>Cairo Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Richard Gooding</i>		14. MOTHER'S MAIDEN NAME <i>Melissa Chipps</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>332X</i>	
17. INFORMANT <i>Mrs Ruby Forrest</i> Address <i>Cairo Mo</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i>		<i>unknown</i>	
DUE TO (c) <i>Senility</i>		<i>332X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RELATED TO THE IMMEDIATE DISEASE CONDITION GIVEN IN PART I(a)) <i>Diabetes Mellitus</i>		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 <i>—</i> Month, Day, Year <i>—</i> a. m. <i>—</i> p. m. <i>—</i>	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 <i>1952</i> , to <i>March 24, 1958</i> , and last saw <i>him</i> alive on <i>Mar. 24, 1958</i> . Death occurred at <i>1:20 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. C. Taylor</i>		22b. ADDRESS <i>Huntsville, Mo</i>	22c. DATE SIGNED <i>3-27-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Mar-27-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Cairo Mo.</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>3-27-58</i>	26. REGISTRAR'S SIGNATURE <i>Leah W. Lowe</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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7-56

MAY 1 1958

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 *Jerry P. Cater*.....
Licensed Embalmer No. *4900*

P. O. Address *Maryland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.