

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013307
STATE FILE NUMBER 488

FILED MAY 12 1958

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **488**

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1-57

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 0830 a. STATE Missouri b. COUNTY Platte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Weston | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. | | Length of stay in 1b 1 week | d. STREET ADDRESS (If outside, give location) Marshall Twn |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First IDELLA Middle HARLEY Last GOODLET | 4. DATE OF DEATH Month April Day 20 Year 1958 |
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| 5. SEX female | 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 Sept. 1, 1894 | 9. AGE (In years last birthday) 63 | FUNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY home | 11. BIRTHPLACE (City and state or country) Anderson Co. Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George Harley | 13b. MOTHER'S MAIDEN NAME Pal Ritey | 14. NAME OF HUSBAND OR WIFE B.H. Goodlet |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs. Antone Larison, Weston, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis with plural metastoses | | INTERVAL BETWEEN ONSET AND DEATH ? |
| DUE TO (b) Primary site unknown | | |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hydro pneumothorax, left | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
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| 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 |
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21. I attended the deceased from **12/28/57** to **4/20/58** and last saw her alive on **4/20/58**
Death occurred at **5:58 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Carroll P. Potts, M.D. | 22b. ADDRESS Mo. Phy. & Surg. Bldg. - St. Joseph | 22c. DATE SIGNED 4/22/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-23-58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cemetery | 23d. LOCATION (City, town, or county) (State) Weston, Platte Co., Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS W. R. Vaughn Weston, Mo. | 25. DATE RECD. BY LOCAL REG. April 23 1958 | 26. REGISTRAR'S SIGNATURE Mr. Clark Goodell |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc., must use only standard manufacturer's ink. No symptoms will be listed. All diseases in Part I must be causally related.

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.