

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032002
STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 65 Primary Registration District No. 3011 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		c. CITY OR TOWN Carrollton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 South Main St.		d. STREET ADDRESS (If outside, give location) 415 North Main Street	
3. NAME OF DECEASED (Type or print) First Lelia Middle Trotter Last Goodson		4. DATE OF DEATH Month 9- Day 16- Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and state or country) Carroll County
13a. FATHER'S NAME Calvin Trotter		13b. MOTHER'S MAIDEN NAME Mattie Gentry	14. NAME OF HUSBAND OR WIFE Henry Goodson (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Anna Gene Crouch (Carrollton Mo)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, generalized			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 Aug 26, 1958 to Sept 16, 1958 and last saw her ^{him} alive on Sept 13, 1958 Death occurred at 5:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John H. Platz (Degree or title) M.A.		22b. ADDRESS Carrollton, Mo.	22c. DATE SIGNED 9-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-19-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Carrollton Missouri.
24. FUNERAL DIRECTOR Marshall F. Home (Carrollton Mo.)		25. DATE RECD. BY LOCAL REG. 9-22-58	26. REGISTRAR'S SIGNATURE Ma Sherbert Crouch

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. M. Marshall*

Licensed Embalmer No. *2525*

P. O. Address *Carrollton, W*

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.