

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9-000194

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 38 Primary Registration District No. 3056 Registrar's No. 3

300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital		d. STREET ADDRESS (If outside, give location) 1402 Windsor	

3. NAME OF DECEASED (Type or print) First Middle Last SARAH MARGARET GOODING			4. DATE OF DEATH Month Day Year January 1, 1959		
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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. 12, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Winn	13b. MOTHER'S MAIDEN NAME Nettie D. Sims	14. NAME OF HUSBAND OR WIFE Price R. Gooding
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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 Mrs. Lurline Mooney, Columbia, Missouri	Address
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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) Prob Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 20 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auto accident with severe chest injury	
	DUE TO (c) and Retroperitoneal Contusion	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Auto accident on Dec. 25, 1958 - about 6:00 P.M.
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20c. TIME OF INJURY 6:00 p.m. 12-25-1958	Hour Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40	20f. CITY, TOWN, OR LOCATION Columbia	COUNTY Boone	STATE Missouri
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21. I attended the deceased from Dec. 25, 1958 to Jan. 1, 1959 and last saw her alive on Dec. 31, 1958 Death occurred at 8:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Dr. H. A. Smith</i>	(Degree & title)	22b. ADDRESS 1009 Cherry, Columbia, Mo.	22c. DATE SIGNED 1-2-1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
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24. FUNERAL DIRECTOR Parker Funeral Service	ADDRESS Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Jan 3 1959	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joe Phillips*
Licensed Embalmer No. *4897*
P. O. Address *Columbia Md.*

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.