

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012292
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 210

300
1-57

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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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia 0105 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home		Length of stay in lb 60 Years	d. STREET ADDRESS (If outside, give location) 21 West Broadway
3. NAME OF DECEASED (Type or print) First Middle Last PETER W. GOODSON			4. DATE OF DEATH Month Day Year May 5, 1959
5. SEX Male	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 Dec. 12, 1874
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and state or country) Cedar City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Goodson		13b. MOTHER'S MAIDEN NAME Mary Smith	14. NAME OF HUSBAND OR WIFE Mrs. Elminor Batterton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT Mrs. Mae Cutler, Cedar Lake, Indiana.
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Arteriosclerosis Generalized			INTERVAL BETWEEN ONSET AND DEATH 14 months Unknown Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			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 3-1-52 to 5-5-59 and last saw him alive on 4-30-59 Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles M. Pauke, M.D.		22b. ADDRESS Columbia, Missouri	22c. DATE SIGNED 5-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Calumet Park Cemetery	23d. LOCATION (City, town, or county) (State) Lake County, Indiana.
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. May 6 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Document, certificate, etc., must use only standard nomenclature in their text. 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 *J. P. 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.