

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000623

FILED VS. JAN 26 1960 55

Registration District No. _____ Primary Registration District No. **5198** Registrar's No. **9**

STATE FILE NUMBER

AMENDED

DATE AWIENED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Trotter Sup. Life		c. CITY OR TOWN Rural	
Length of stay in lb Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. W. of Carrollton		d. STREET ADDRESS (If outside, give location) 4 mi. W. of Carrollton	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARY ELIZABETH GOODSON			4. DATE OF DEATH Month Day Year Jan. 22, 1960
5. SEX Fe.	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 3-26-1879
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Carroll Co. Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Cyrus H. Woodson	
13b. MOTHER'S MAIDEN NAME Mary C. Vaughn		14. NAME OF HUSBAND OR WIFE Rolfe Goodson	
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 Rolfe Goodson, 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) Injuries of Old Age			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			
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 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 _____
21. I attended the deceased from Jan. 1, 1960 to Jan. 22, 1960 and last saw her alive on Jan. 18, 1960 Death occurred at 3:09 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Hamilton (Degree or title)		22b. ADDRESS Carrollton Mo	
22c. DATE SIGNED Jan 23 1960		22d. STATE SIGNED Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-24-1960	23c. NAME OF CEMETERY OR CREMATORY Trotter Cem	23d. LOCATION (City, town, or county) (State) Carroll Co. Mo
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton Mo		25. DATE RECD. BY LOCAL REG. 2-23-60	26. REGISTRAR'S SIGNATURE Mr. Herbert Coe

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FEB 1

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 Bern W Gibson

Licensed Embalmer No. 2961
P. O. Address Carrollton 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.