MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-61-001157
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 3

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette, Mo. — Length of stay in 1b: 24 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lee Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Boone
c. CITY OR TOWN: Harrisburg — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ----- — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JESSIE — Middle TOLSON — Last GOLDSBERRY
4. DATE OF DEATH: Month JAN. — Day 7, — Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/5/1879
9. AGE (last birthday): 81 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Henry Goldsberry
13b. MOTHER'S MAIDEN NAME: Lavina Adeline Mead
14. NAME OF ~~HUSBAND OR WIFE~~: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Willard Goldsberry, Harrisburg, Mo — Address

MEDICAL CERTIFICATION

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: 30 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Age
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Mar. 1-1960, to Jan 7-1961 and last saw her/him alive on Jan 7, 1961
Death occurred at 8 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. J. Shaw M-D-
22b. ADDRESS: Fayette Mo.
22c. DATE SIGNED: 1-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/9/1961
23c. NAME OF CEMETERY OR CREMATORY: Harrisburg Cemetery
23d. LOCATION (City, town, or county) (State): Harrisburg, Missouri

24. FUNERAL DIRECTOR: Ralph A. Carr — ADDRESS: Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 1-10-61
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ralph A. Carr
Signature of Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.