

FILED OCT 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32497

State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 days</u>		e. STREET ADDRESS (If rural, give location) <u>Road (7 miles N.W. Carrollton)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Statons Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>May</u> c. (Last) <u>Goodson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1885</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Will Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Moffitt</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Goodson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Goodson</u> ADDRESS <u>Carrollton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>the liver</u>	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>1561</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 10, 1955</u> to <u>Oct 19, 1955</u> that I last saw the deceased alive on <u>Oct 19, 1955</u> and that death occurred at <u>1561</u> m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. A. Hamilton</u>		23b. ADDRESS <u>Carrollton, Mo.</u>	23c. DATE SIGNED <u>Oct 20/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trotter Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/21/55</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	45-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley & Gibson</u> ADDRESS <u>Carrollton, Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0121

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollt*

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.