

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 19 1954

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>304</u>		Registrar's No. <u>193</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>411 W. Benton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>GOODSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1954</u>				
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 15 1861</u>	
9. AGE (in years if under 1 year last birthday) <u>92</u>		Months		Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John S. Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Jan Monroe Yeager</u>			14. NAME OF HUSBAND OR WIFE <u>Alvin Goodson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>non</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emmie Goodson</u> ADDRESS <u>Carrollton Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paraplegia right side</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>high blood pressure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
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)		334 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>July 7th</u> , 1954, to <u>July 15</u> , 1954, that I last saw the deceased alive on <u>July 14</u> , 1954 and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William B. Atwood M.D.</u>				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>7/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-17-54</u>		24c. NAME OF SEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/17/54</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Cecil Standley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Gibson</u> ADDRESS <u>Carrollton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1954

DEC 8 1955

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. *296*

P. O. Address *Carrollton*

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.