

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Randolph 0883</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (In this place) <u>17 Days</u>		d. STREET ADDRESS (If rural, give location) <u>330 Duff.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Edna</u> c. (Last) <u>Goodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 13 53</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>July 13, 1883</u>		9. AGE (In years last birthday) <u>69</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 _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Leonidas Hayner</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles V. Goodson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles V. Goodson Macon, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Airrosis of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cholitis</u>			
		DUE TO (c) <u>Common duct stones</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		<u>Chronic gallbladder stones</u> 584X			

19a. DATE OF OPERATION <u>25 Feb 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Airrosis, choleliths, stones, common duct</u>			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)		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 Feb 24, 1953 to 13 Mar, 1953, that I last saw the deceased alive on 13 Mar, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Douglas E. [Signature]</u>		23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>16 Mar 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 15, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>		DATE REC'D BY LOCAL REG. <u>Mar 15-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Hutton Macon, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MS APR 15 1958

MS APR 20 1958

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

Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Moberly, 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 this body is not embalmed, fact should be so stated above.