

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

0940

FILED JAN 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. **3488**

BIRTH NO. _____ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **4479** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Schuyler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler | |
| b. CITY (If outside corporate limits, write RURAL and give township) Queen City | | c. CITY OR TOWN Queen City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) Yrs | | STREET ADDRESS (If rural, give location) None - At Home | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None - At Home | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Lee c. (Last) Goldsbey | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1956 | | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 12, 1880 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Schuyler County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | | |

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| 13a. FATHER'S NAME Thomas Burnett | 13b. MOTHER'S MAIDEN NAME Mary Jane Hocker | 14. NAME OF HUSBAND OR WIFE Henry Goldsbey |
| 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'S SIGNATURE OR NAME Mr. Henry Goldsbey |
| | | ADDRESS Queen City, Mo. |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure | | INTERVAL BETWEEN ONSET AND DEATH 5 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma | | |
| | DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 241x | 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) (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 **Sept 11, 1951**, to **Jan 20, 1956**, that I last saw the deceased alive on **Jan 16, 1956**, and that death occurred at **2:10 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Eleanor Roberts, D.O. | 23b. ADDRESS Queen City, Mo. | 23c. DATE SIGNED 1/21/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/22/56 | 24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery | 24d. LOCATION (City, town, or county) (State) Schuyler County, Mo. |
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| DATE REC'D BY LOCAL REG. Jan 22 - 9:6 | REGISTRAR'S SIGNATURE Miss. Prof. Drake | 25. FUNERAL DIRECTOR'S SIGNATURE Paul W. Riley | ADDRESS Kirkville, Mo. |
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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 *George W. Davatt*

Licensed Embalmer No. *479*

P. O. Address *Kerrville*

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.