

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

State File No. **47185**

FILED JAN 24 1958

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mississippi b. COUNTY Tippah	
b. CITY OR TOWN: Hornersville	c. LENGTH OF STAY. (In this place) Unknown	c. CITY OR TOWN Blue Mountain	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 238	

3. NAME OF DECEASED (Type or Print)	a. (First) Willard	b. (Middle) Thomas	c. (Last) Goolsby	4. DATE OF DEATH (Month) (Day) (Year) 12 31 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Yes	8. DATE OF BIRTH April 10-1924	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.D. Goolsby	13b. MOTHER'S MAIDEN NAME Sally Chism	14. NAME OF HUSBAND OR WIFE Mrs. Inez Cagle Goolsby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Know (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Inez Cagle Goolsby Blue Mountain Miss.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution, Accidental		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	9149	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 035	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hornersville Dunklin Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-31-57 3:20 PM	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? While tearing down bridge, pipe came in contact with high line.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3.30 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Quinton Tarver, M.D., Coroner	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 1-13-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-2-1958	24c. NAME OF CEMETERY OR CREMATORY Blue Mountain	24d. LOCATION (City, town, or county) (State) Blue Mountain Miss.
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DATE REC'D BY LOCAL REG. 1-18-58	REGISTRAR'S SIGNATURE Sue Calenstke	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McBride Funeral Home Ripley, Miss.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT L-21-SP

COUNTY FILE NUMBER 158-29

VS MAY 6 1959

JAN 24 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.....
Signature of Student Embalmer

Signed W J Emb

Licensed Embalmer No. 352

P. O. Address Jonesboro N.C.

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.