

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-004335
STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 00130		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2000 E. Normal St.,		Length of stay in 1b yrs	d. STREET ADDRESS (If outside, give location) 2000 E. Normal St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nancy Jane Goldsberry			4. DATE OF DEATH Month Day Year Mar. 5, 1959		
5. SEX F 1	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 27, 1876		9. AGE (In years (birthday) 82) F 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) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Knox County, Mo. 6		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME Edward Stith Roseberry		13b. MOTHER'S MAIDEN NAME Mary Jane Funk		14. NAME OF HUSBAND OR WIFE John Calvin Goldsberry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-40-6844 B		17. INFORMANT Address Ethel Roseberry, Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy					INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year g.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JAN 1 1959 to MARCH 1 and last saw her alive on MARCH 1 1959 Death occurred at 8:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. L. Martin (Degree or title)			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 3-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/7/59	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
24. FUNERAL DIRECTOR Paul M. Riley		ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 3-6-1959	26. REGISTRAR'S SIGNATURE Dore W. Rathoff	

All diseases in Part I must be causally related.
C. L. MARTIN
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 30 1959

APR 9 6 44 AM '59

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 *Richard R. Ellis*

Licensed Embalmer No. *5036*

P. O. Address *(Terrehaile, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.