

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025946

STATE FILE NUMBER

AMENDED

Registration District No. 200 Primary Registration District No. 4316 Registrar's No. 136
FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Cambria		Length of stay in 1b Life	c. CITY OR TOWN New Cambria Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Grandison Middle Anthony Last Goodson	4. DATE OF DEATH Month July Day 29 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/92	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 24 HR Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field repre. "Ret."	10b. KIND OF BUSINESS OR INDUSTRY Stockyards go.	11. BIRTHPLACE (City and state or country) New Cambria, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Grandison Goodson	13b. MOTHER'S MAIDEN NAME Missouri Hammack	14. NAME OF HUSBAND OR WIFE Elizabeth C. Goodson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, World War I	16. SOCIAL SECURITY NO. ---	17. INFORMANT Elizabeth C. Goodson, New Cambria	Address ---
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Liver Pathosis		6 mos
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last.	DUE TO (b) Abdominal Carcinomatosis	1 yr 2
	DUE TO (c) Primary Carcinoma of rectum	1 1/2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ---		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---
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20c. TIME OF INJURY Hour --- a.m. --- p.m.	Month, Day, Year ---
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	20f. CITY, TOWN, OR LOCATION ---	COUNTY ---	STATE ---
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21. I attended the deceased from **July 28** to **July 28** and last saw her alive on **July 28**
 Death occurred at **12:00 noon** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Campbell, M.D.	(Degree or title)	22b. ADDRESS ---	22c. DATE SIGNED 7/31/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 31, 1961	23c. NAME OF CEMETERY OR CREMATORY New Cambria	23d. LOCATION (City, town, or county) New Cambria, Mo.	(State) ---
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24. FUNERAL DIRECTOR H. D. Gilleland	ADDRESS New Cambria Mo	25. DATE RECD. BY LOCAL REG. 7/31/61	26. REGISTRAR'S SIGNATURE Cuth McNeely
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 9 1961

AUG 29 1961

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 H. J. Hilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.