

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3044 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Marionville</u> c. LENGTH OF STAY (in this place) <u>()</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Barnard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>B.</u> c. (Last) <u>Goforth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-11-1860</u>	9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u> IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentering</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>Ed Goforth</u>	13b. MOTHER'S MAIDEN NAME <u>Luving Horner</u>	14. NAME OF HUSBAND OR WIFE <u>Louisa VanFossan-deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, check down) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Schmitt</u> ADDRESS <u>Barnard-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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PROSTATIC CARCINOMA</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY METASTASIS OF MALIGNANCY</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 5/9, 1949, to 5/28, 1949, that I last saw the deceased alive on 5/28, 1949, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Kadell</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Conception Det., Mo.</u>	23c. DATE SIGNED <u>6/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-31-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Barnard - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-1-49</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Stinson</u> ADDRESS <u>Marionville, Mo.</u>
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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. 326

working under my personal supervision.

Student Wm A. Reish
Student Embalmer

Signed G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Dayville, 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.