

STANDARD CERTIFICATE OF DEATH

State File No. **4113**

XC-209 72 14

RN-1622

MAR 13 1952
REG. DIST. NO. **43**PRIMARY REG. DIST. NO. **3007**Registrar's No. **199**

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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY REYNOLDS	
b. CITY (If outside corporate limits, write RURAL and give township) POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) RUBLE	
c. LENGTH OF STAY (In this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) SIDNEY		b. (Middle) H.	
		c. (Last) GOGGIN	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 4, 1952			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-12-91
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (State or foreign country) REYNOLDS COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE GOGGIN		13b. MOTHER'S MAIDEN NAME LUCY DENNISON	
14. NAME OF HUSBAND OR WIFE NELLIE GOGGIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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.			
PNEUMONITIS		EE	
DIABETES MELLITUS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492X	
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)		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 2-26 , 19 52 , to 3-4-52 , 19 52 , that I last saw the deceased VA and that death occurred at 5:40A m., from the causes and on the date stated above.			
23a. SIGNATURE E. N. Johnson, Chief of Service		23b. ADDRESS VAH, POPLAR BLUFF, MISSOURI	
23c. DATE SIGNED 3-4-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 6, 52	
24c. NAME OF CEMETERY OR CREMATORY Bethlehem		24d. LOCATION (City, town, or county) (State) Ruble	
DATE REC'D BY LOCAL REG. March 5 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Chas. S. Lewett, Ellington		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 11 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-124

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

Student Embalmer

Signed

Chas. S. Peritt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.