.S. No. 300
ev. 10.48

1030

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

FILED MAR 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7009

State File No.

BIRTH NO. REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 450v Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico Mo
c. LENGTH OF STAY (in this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico Mo 10.30
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): —
c. (Last): Goforth

4. DATE OF DEATH (Month) (Day) (Year): March 1 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9 1872
9. AGE (In years last birthday): 79 — If under 1 year: Months 7, Days 22, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Work
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ridgeway Ill. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James A Goforth
13b. MOTHER'S MAIDEN NAME: Roseann Boutwell
14. NAME OF HUSBAND OR WIFE: Alice Goforth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 702-07-9930
17. INFORMANT'S SIGNATURE OR NAME: Alice Goforth
ADDRESS: Puxico Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4341
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Mar 1, 1952, *that I last saw the deceased alive on* Mar 1 1952 *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H Skillings (Degree or title) DO.
23b. ADDRESS: Puxico Mo
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4 1952
24c. NAME OF CEMETERY OR CREMATORY: Puxico
24d. LOCATION (City, town, or county) (State): Puxico Mo

DATE REC'D BY LOCAL REG.: Mar 3-52
REGISTRAR'S SIGNATURE: Floyd Morgan
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan
ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1957

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 William H Morgan, Student Embalmer No. ____, working under my personal supervision.

Student ____
Student Embalmer

Signed William H Morgan

Licensed Embalmer No. 4640

P. O. Address Adrian, 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.