

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7870

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Patterson Logan		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Patterson
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		STREET ADDRESS (If rural, give location) Logan Township 1100	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Olive	c. (Last) Booker	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 2, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and State or Foreign Country) Iron Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin Goforth	13b. MOTHER'S MAIDEN NAME Olive Frances Willcox	14. NAME OF HUSBAND OR WIFE Jessie Booker (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Mr. Curtis Goforth	ADDRESS Patterson Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diastolic		
	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.			

19a. DATE OF OPERATION	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) Logan, Wayne Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **2-13-** 19**56**, to **2-17-** 19**56** that I last saw the deceased alive on **2-15-** 19**56**, and that death occurred at **11 4** m., from the causes and on the date stated above.

23a. SIGNATURE L. G. Goforth M.D. (Degree or title)	23b. ADDRESS Patterson Mo	23c. DATE SIGNED 2-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/19/56	24c. NAME OF CEMETERY OR CREMATORY Woods	24d. LOCATION (City, town, or county) (State) Near Patterson Mo
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DATE REC'D BY LOCAL REG. March 9, 1956	REGISTRAR'S SIGNATURE Fazel Ward 467	25. FUNERAL DIRECTOR'S SIGNATURE William Cochrane ADDRESS Patterson Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

110

RECEIVED
MAR 13 1956
WAYNE CO. HEALTH CENTER
FILE NO.

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 372

P. O. Address Redwood

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.