

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1956

26187

STATE FILE NUMBER
420

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN ASH HILL Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 7 mile SW of Fisk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mile SW of Fisk		Length of stay in 1b 25 yrs.	d. STREET ADDRESS 7 Mile SW of Fisk

3. NAME OF DECEASED (Type or print) Frank Scott Goble			4. DATE OF DEATH 7 - 28 - 56		
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 - 25 - 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Oakland City Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Goble			14. MOTHER'S MAIDEN NAME Mary Combs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -----	17. INFORMANT Bertha Goble Broseley Mo. Address -----		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, chronic		??
DUE TO (c) Senility		??
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) -----		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) ---	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.	4200	
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

21. I attended the deceased from 28 July 1955 to 28 July 1956 and last saw ^{her} him alive on 28 July 1956		
Death occurred at 8:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Lester Harwell (Degree or title) M.D.	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 8 Aug. 1956

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-31-56	23c. NAME OF CEMETERY OR CREMATORY Ashhill	23d. LOCATION (City, town, or county) Butler County Mo.
24. FUNERAL DIRECTOR J. C. White Fisk, Mo. ADDRESS -----		25. DATE RECD. BY LOCAL REG. 8/10/56	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
AUG 13 1956
BUTLER 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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Raymond L. Reshe*

Licensed Embalmer No. *47*

P. O. Address *Frank*

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.