

Dr. Chapman  
 FILED OCT 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 32853  
 Registrar's No. 40

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4403

|  |                               |  |                                   |
|--|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>  |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>   |                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                               | d. STREET ADDRESS (If rural, give location) <u>306 Bellvue</u>   |                                   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Clarence Edward</u> b. (Middle) <u>Goggans</u> c. (Last) <u>Goggans</u>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-57</u>   |                                   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>3-28-1886</u> |
| 9. AGE (In years last birthday) <u>71</u> Months <u>5</u> Days <u>29</u>   |                               | 9. AGE (In years last birthday) <u>71</u> Months <u>5</u> Days <u>29</u>   |                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>  |                                   |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |                                   |
| 13a. FATHER'S NAME <u>Isabel Goggans</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>unknown</u>   |                                   |
| 14. NAME OF HUSBAND OR WIFE <u>Madia Goggans</u>   |                               |  |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. _____  |                                   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Elton Goggans</u>   |                               | ADDRESS <u>Steele Mo</u>   |                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                       |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterio-sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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? <u>2</u><br>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) <u>Steele Pemiscot Mo</u>  |                               |  |                                   |
| 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 <u>7-15-</u> , 19 <u>57</u> , to <u>9-27-</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:12</u> m., from the causes and on the date stated above. |                               |  |                                   |
| 23a. SIGNATURE <u>J. R. Chapman, M.D.</u> (Degree or title) <input type="checkbox"/>   |                               | 23b. ADDRESS <u>Steele, Mo</u>   |                                   |
| 23c. DATE SIGNED <u>10-1-57</u>  |                               |  |                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>9-30</u>  |                                   |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>  |                               | 24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>   |                                   |
| DATE REC'D BY LOCAL REGS. <u>10-1-57</u>   |                               | REGISTRAR'S SIGNATURE <u>Dr. O. Morrison</u>   |                                   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Ford &amp; Co.</u>   |                               | ADDRESS <u>Steele Mo</u>   |                                   |

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

249-

10-269-57

OCT 8 - 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 17 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1732

P. O. Address State, Missouri

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.