

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004420

STATE FILE NUMBER

13

FILED FEB 18 1959

Registration District No. 504/11 Primary Registration District No. 504/1 Registrar's No. \_\_\_\_\_

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flat Creek Twp.</b>		c. CITY OR TOWN <b>Neosho</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>815 Stratford Pl.</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>F.</b> Last <b>GOFOURTH</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>12,</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 7, 1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lineman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kamo Electric</b>	11. BIRTHPLACE (City and state or country) <b>Berryville, Ark.</b>
13a. FATHER'S NAME <b>J. R. Gofourth</b>		13b. MOTHER'S MAIDEN NAME <b>Vina Standlee</b>	14. NAME OF HUSBAND OR WIFE <b>Daisy Gofourth</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and years of service) <b>Yes W.W.II</b>		16. SOCIAL SECURITY NO. <b>430-07-0974</b>	17. INFORMANT Address <b>Mrs. Daisy Gofourth, Neosho, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Electrocution</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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.) <b>Touched 69000volt electric wire</b>		
20c. TIME OF INJURY Hour <b>12:15</b> Month, Day, Year <b>Feb. 12/59</b>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Power Sub Station</b>	20f. CITY, TOWN, OR LOCATION <b>1 1/4 mile South West Cassville, Mo</b>	
21. I attended the deceased from _____ to _____ and last saw him/her on <b>2/12/59</b> Death occurred at <b>12:15 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Bill Campbell Sheriff</b>		22b. ADDRESS <b>Cassville, Mo</b>	22c. DATE SIGNED <b>2/12/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>2-12-1959</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) <b>Neosho, Missouri</b>
24. FUNERAL DIRECTOR <b>Culver's</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-1959</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 26 1959

VS FEB 20 1959

MAR 8 1959

DAVE REC. 2-16-59

STATEMENT BY LICENSED EMBALMER

MAR 10 1959

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

*No Embalming done*  
Signed *Margaret C. Herbert*

Licensed Embalmer No. *4389*

P. O. Address *Casselle, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.