

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025719

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 9

FILED JUN 18 1962

VS 300
Rev. 4/59

1 1030

2 0900

3

4 C

5 0

6

7 0

8 2

9 332X

10

11

12 86-2

13 2-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle City Length of stay in lb		c. CITY OR TOWN Black River Twsp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shetley Nursing Home Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) State Rd. # 49 near Black Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MILTON OMER GOGGIN			4. DATE OF DEATH Month Day Year Mar. 27 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13 1892
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) Black Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Goggin	
13b. MOTHER'S MAIDEN NAME Maggie Carty		14. NAME OF HUSBAND OR WIFE ##	
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. no	17. INFORMANT Address May Crocker, Flat River Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock			INTERVAL BETWEEN ONSET AND DEATH 12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis			24 HRS
DUE TO (c) Cerebral arteriosclerosis			Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial pneumonia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.		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 2-5-61 to 3-27-62 and last saw him alive on 3-27-62 Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. G. Moore D.O.		22b. ADDRESS Mo 4-1962	22c. DATE SIGNED
23a. BURIAL, CREMATION REMOVAL (Specify) burial	23b. DATE 3-29-62	23c. NAME OF CEMETERY OR CREMATORY Black Cemetery	23d. LOCATION (City, town, or county) (State) Black Mo.
24. FUNERAL DIRECTOR ADDRESS White Funeral Home Ironton Mo.		25. DATE RECD. BY LOCAL REG. 4/23/62	26. REGISTRAR'S SIGNATURE Bernice Moore

USE BLACK INK OR TYPEWRITER RIBBON

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 Amey White

Licensed Embalmer No. 2012

P. O. Address Orlando, Fla.

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.