

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6129

State File No. 1760

318

1760

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1005		Registrar's No. 1760			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		0376 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital				d. STREET ADDRESS (If rural, give location) 1640 S. Kimbrough					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) R		c. (Last) HoForth		4. DATE OF DEATH (Month) (Day) (Year) 2 21 51			
5. SEX m 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-22-1886		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Goforth			13b. MOTHER'S MAIDEN NAME Martha Bell			14. NAME OF HUSBAND OR WIFE Virginia Goforth			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Goforth 1640 Kimbrough				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Springfield, Mo. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident INTERVAL BETWEEN ONSET AND DEATH 9 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction 9 weeks DUE TO (c) Broncho pneumonia 1 week 11. 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 checked="" type="checkbox"/> NO <input 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)					
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? 334X					
22. I hereby certify that I attended the deceased from 2-10-, 1951, to 2-21-, 1951, that I last saw the deceased alive on 2-21-, 1951, and that death occurred at 3:22 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Henry W. Moller M.D. (Degree or title)				23b. ADDRESS 4960 Jackson St. Jm. Mo.		23c. DATE SIGNED 2/21/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-21-51		24c. NAME OF CEMETERY OR CREMATORY Springfield		24d. LOCATION (City, town, or county) (State) Springfield, Mo.			
DATE REC'D BY LOCAL REG. FEB 22 1951		REGISTRAR'S SIGNATURE J. B. Lassiter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe Inc. 4700 Washington				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1951

MAR 7 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed James S. Dalfen

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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 this body is not embalmed, fact should be so stated above.