

FILED JAN 8 1952

STANDARD CERTIFICATE OF DEATH

Dr. Lockhart 41276  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1111

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
c. LENGTH OF STAY (in this place) 22 Yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 1924 Rock Island

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Greene  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
d. STREET ADDRESS (If rural, give location) 1924 Rock Island

3. NAME OF DECEASED  
a. (First) Cornelius b. (Middle) Newton c. (Last) Goforth

4. DATE OF DEATH (Month) (Day) (Year)  
Dec. 30, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 15, 1870

9. AGE (In years last birthday) 81  UNDER 1 YEAR Months    Days     UNDER 6 HRS. Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Ash Grove Lime & Cement Co.

11. BIRTHPLACE (State or foreign country) Dadeville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Goforth

13b. MOTHER'S MAIDEN NAME Mary Ann Davidson

14. NAME OF HUSBAND OR WIFE Opha Goforth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Goforth Springfield, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Epidermoid Cancer of buccal mucosa with extensive metastases to neck and lungs.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) Also arteriosclerotic heart disease.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
6 mos

19a. DATE OF OPERATION June 1, 1951

19b. MAJOR FINDINGS OF OPERATION Above (a)

20. AUTOPSY? YES  NO

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) 144 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1951, to 12/30, 1951, that I last saw the deceased alive on 12/30, 1951, and that death occurred at 4:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. B. Lockhart M.D.

23b. ADDRESS Springfield, Mo

23c. DATE SIGNED 12/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-1-52

24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery

24d. LOCATION (City, town, or county) (State) Ash Grove, Mo.

DATE REC'D BY LOCAL REG. 1-2-52

REGISTRAR'S SIGNATURE James H. Amos, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo. 2-4433

464-0

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Walter E. Harrel.....

Licensed Embalmer No. 3808.....

P. O. Address Springfield, 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.