

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21341**

JUN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4370** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clearmont</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Clearmont</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>
3. NAME OF DECEASED (Type or Print) <b>ROBERT</b>			a. (First)	b. (Middle) <b>ADAM</b>	c. (Last) <b>GOFORTH</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>5 27 52</b>	5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8/21/81</b>	9. AGE (In years last birthday) Months Days Hours Mins. <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Odessa, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John M. Goforth</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lavena Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Estelle A. Fisher Goforth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>505-24-4625</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ed Gray, Clearmont, Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apnea</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chronic Glomerulonephritis</b>			<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Prostatic vesicular retention</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5927</b>			20. AUTOPSY? 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)	
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 **April 26, 1952**, to **May 27, 1952**, that I last saw the deceased alive on **May 25, 1952**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Ford</b>		(Degree or title) <b>D. O.</b>	23b. ADDRESS <b>Elmo, Missouri</b>		23c. DATE SIGNED <b>May 31-52</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazel Dell</b>		24d. LOCATION (City, town, or county) (State) <b>Clearmont, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>6-14-52</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

0740

JUL 16 1952

JUL 22 1952

OCT 8 1952

1952

OCT 8

APR 4 1950

JUL 10 1952

JUL 2 1952

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. 461

working under my personal supervision.

Student Curtis E. Kinsey

Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.