

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26310

State File No.

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 886

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Buchanan</p>	
b. CITY (if outside corporate limits, write RURAL and give town) OR TOWN <p align="center">St. Joseph</p>		c. CITY OR TOWN <p align="center">St. Joseph</p>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">2522 Lafayette St.</p>		e. STREET ADDRESS (If rural, give location) <p align="center">1602 Francis St.</p>	

3. NAME OF DECEASED (Type or Print) a. (First) Lucinda b. (Middle) Frances c. (Last) Goforth			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 8, 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Nemaha County, Nebr.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abe Penny	13b. MOTHER'S MAIDEN NAME Mary Muntz	14. NAME OF HUSBAND OR WIFE Samuel C.
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. O. E. Stoner	ADDRESS 2522 Lafayette, St. Joseph, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lep. Hemiplegia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c)		
II. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 443 X
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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?
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22. I hereby certify that I attended the deceased from 8 June, 1954, to 8 Aug, 1954, that I last saw the deceased alive on 7 Aug, 1954, and that death occurred at 5:55p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles W. Blum</i>	(Degree or title)	23b. ADDRESS 520 Francis St. St. Joseph, Mo	23c. DATE SIGNED 9 Aug 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/11/1954	24c. NAME OF CEMETERY OR CREMATORY Barnard Cemetery	24d. LOCATION (City, town, or county) (State) Barnard, Missouri
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DATE REC'D BY LOCAL REG. Aug. 17, 1954	REGISTRAR'S SIGNATURE <i>Charles M. Allison</i>	48.5	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wheaton - Bowman</i>	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *James R. Hawkins*.....

Licensed Embalmer No. 453

P. O. Address 319 So. 10th

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.