

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28640

State File No.

FILED AUG 17 1954

BIRTH NO. REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lesterville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lesterville	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 2900 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) ALVIN	a. (First)	b. (Middle) P.	c. (Last) GOGGIN	4. DATE OF DEATH Aug. 10 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 14 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Reynolds Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Greenberry Goggin	13b. MOTHER'S MAIDEN NAME Sarah Shy	14. NAME OF HUSBAND OR WIFE Mattie May Goggin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Scott, Lesterville, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 July 3 1954 to Aug 10, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 11:38 AM, from the causes and on the date stated above.

23a. SIGNATURE E. McHugh Patrick MD	(Degree or title) MD	23b. ADDRESS Lesterville Mo	23c. DATE SIGNED 8/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-12-54	24c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery	24d. LOCATION (City, town, or county) (State) Lesterville, Mo.
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DATE REC'D BY LOCAL REG. 8/13/54	REGISTRAR'S SIGNATURE E. McHugh Patrick	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 12 1954

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 Lyle H. White
Licensed Embalmer No. 4295-

P. O. Address Wornton 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.