

J. Gorman
Hayti Mo.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27148

BIRTH FILED SEP 7 1955 REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3912 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Hamiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, write RURAL and give township) Denton	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Denton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R.F.D. Steele	

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Ruby b. (Middle) Ione c. (Last) Googe	4. DATE OF DEATH (Month) (Day) (Year) 7-27-55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-18-1914	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 10 Days 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Victoria Sheffield	14. NAME OF HUSBAND OR WIFE Troy Googe
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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.	17. INFORMANT'S SIGNATURE OR NAME Troy Googe	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) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 4201		
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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Denton Pemiscott Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Found dead in Chair
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) John W Gorman Coroner	22b. ADDRESS Hayti Mo	22c. DATE SIGNED 7-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Subsial	24b. DATE 7-29-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Steele Mo.
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DATE REC'D BY LOCAL REG. 8-29-55	REGISTRAR'S SIGNATURE John W Gorman	25. FUNERAL DIRECTOR'S SIGNATURE 6th Funeral Home	ADDRESS Blytheville
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(Licensed Embalmer's Statement on Reverse Side)

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

9-251-55

SEP 6 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 739
CARTHERSVILLE, MO.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed W. H. Stovall, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4260

P. O. Address Blytheville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.