

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

State File No. **38270**  
Registrar's No. **9762**

**FILED NOV 18 1955**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Illinois</b> b. COUNTY <b>Greene Co.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>White Hall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>8 12 8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>Earl</b> c. (Last) <b>Goben</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 5, 1905</b>		9. AGE (In years last birthday) <b>50</b>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sec/ Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.B. &amp; Q R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Saidora, Illinois,</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Isaac Goben</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Belle Gunterman</b>	
14. NAME OF HUSBAND OR WIFE <b>Ethel E. Goben</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Goben, White Hall, Illinois,</b>		17. ADDRESS		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wks.</b>			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Malignant Hypertension</b>			
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? <b>445x</b> YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <b>Oct. 31, 1955</b> , to <b>Nov. 7, 1955</b> , that I last saw the deceased alive on <b>Nov. 7, 1955</b> , and that death occurred at <b>9:50P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>C. J. McMillion, M.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>11/8/55</b>	
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>11-8-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Hall Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>White Hall, Illinois,</b>		DATE REC'D BY LOCAL REG. <b>NOV 8 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington,</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed..... *Elmer R. Calver*

Licensed Embalmer No..... *40*

P. O. Address..... *So La*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.