

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

State File No. **3668**

FILED MAR 14 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 68

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Adair	a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Kirksville	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 K. O. H.		STREET ADDRESS (If rural, give location) 612 N. Franklin St., 00130	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Betty	b. (Middle) Lou	c. (Last) Goring	Mar. 6, 1956		
5. SEX F <input checked="" type="checkbox"/> W <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1930	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and State or Foreign Country) Adair County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Smith	13b. MOTHER'S MAIDEN NAME Julia Wiedenkofer	14. NAME OF HUSBAND OR WIFE David Goring
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. 497-32-7028	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Julia Smith, Kirksville, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxemic nephron nephrosis DUE TO (c) Chronic glomerular nephritis and recurrent rheumatic fever		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 weeks 2 1/2 weeks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 Feb 19, 1956, to Mar 6, 1956, that I last saw the deceased alive on March 6, 1956, and that death occurred at 9:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mrs. Lutwasha D. [Signature]</i>	(Degree or title)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 3-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/56	24c. NAME OF CEMETERY OR CREMATORY Ringo Point Cemetery	24d. LOCATION (City, town, or county) (State) Adair County, Mo.
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DATE REC'D BY LOCAL REG. 3-10-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Kirksville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
~~by me~~; or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herbert E. Hayes*.....

Licensed Embalmer No. *489*

P. O. Address *Kirksville, N.Y.*

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