FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13946

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3090 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 Martin St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
d. STREET ADDRESS (If rural, give location): 425 Martin St.

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): DENT
c. (Last): GOBEN

4. DATE OF DEATH (Month) (Day) (Year): Apr. 19, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 31, 1879
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (City and State or Foreign Country): Jamesport, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Horace G. Goben
13b. MOTHER'S MAIDEN NAME: Annetta Lorentz
14. NAME OF HUSBAND OR WIFE: Selma Goben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 490-10-4675
17. INFORMANT'S SIGNATURE OR NAME: Selma Goben, Chillicothe, Mo.
ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Nephritis

DUE TO (c): Chronic Endocarditis — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

592x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* April 19, 1956 *that I last saw the deceased alive on* April 19, 1956, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. E. Everett D.O.
23b. ADDRESS: Chillicothe
23c. DATE SIGNED: 4-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/21/56
24c. NAME OF CEMETERY OR CREMATORY: Resthaven Memorial Gardens
24d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

DATE REC'D BY LOCAL REG.: 4/21/56
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Oswald Gordan
ADDRESS: Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 1961

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 Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chittenden

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

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