

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009035
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 43

Primary Registration District No. 3007

318

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Williamsville 1110	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon		d. STREET ADDRESS (If outside, give location) Williams Township	
3. NAME OF DECEASED First Viola Middle Vivian Last Gogorth		4. DATE OF DEATH Month March Day 22 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 21 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62
11. BIRTHPLACE (City and state or country) Williamsville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John R. Duckert		13b. MOTHER'S MAIDEN NAME Cynthia Hedrick	
14. NAME OF HUSBAND OR WIFE Daniel Gogorth		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. 489-14-8227		17. INFORMANT Mr. Daniel Gogorth Address Wayneville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH immediate unknown 9 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (d)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-13-58 to 3-22-58 and last saw her alive on 3-22-58 Death occurred at 7:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W.L. Brandon, M.D.	
22b. ADDRESS 1124 N. Main		22c. DATE SIGNED 3-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/24/1958	
23c. NAME OF CEMETERY OR CREMATORY Chapel Hill		23d. LOCATION (City, town, or county) (State) Williamsville, Mo.	
24. FUNERAL DIRECTOR William Lodu Piedmont ADDRESS		25. DATE RECD. BY LOCAL REG. 4-5-58	
26. REGISTRAR'S SIGNATURE Thomas L Durdon			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related.

RECEIVED

APR 7 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Coder Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address P. E. D. M. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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