URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037521
STATE FILE NUMBER

FILED VS NOV 5 1960 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1160

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Osteopathic Hospt. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: Easton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route # 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lue — Middle: Dell — Last: Goben
4. DATE OF DEATH: Month: November — Day: 7 — Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 22, 1889
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Switchman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Goben
13b. MOTHER'S MAIDEN NAME: Mary Caselman
14. NAME OF HUSBAND OR WIFE: Mae Goben
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs. Mae Goben Rt. 1, Easton, 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 Myocarditis + Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — Approx 5 yr.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Massive Gastric hemorrhage from Gastric Ulcer
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1, 1960 to Nov 1 and last saw ~~her~~ him alive on 11-1-60
Death occurred at 12:5 p m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF B.M. Riles, DO

22a. SIGNATURE (Degree or title): Benjamin M Riles DO.
22b. ADDRESS: 706 Francis ST - City
22c. DATE SIGNED: 11-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 3, 1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.
24. FUNERAL DIRECTOR: Clark Funeral Home — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 3, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

NOV 7 1960

DEC 6 1960

NOV 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Allen E. Bazan

Signature of Student Embalmer

Licensed Embalmer No. 4795

P. O. Address St Joseph

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