SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-008297
STATE FILE NUMBER

AMENDED FILED APR 4 1961

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 28

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany
Length of stay in 1b: 17 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry Co. Memorial Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Guilford Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. 1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Laura Middle: (NMI) Last: Goforth
4. DATE OF DEATH Month: March Day: 25 Year: 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-1887
9. AGE (last birthday): 74
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Fowler, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Wilson
13b. MOTHER'S MAIDEN NAME: Sarah Cox
14. NAME OF HUSBAND OR WIFE: Edward Goforth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward Goforth, Address: Guilford, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Recent Cerebro Vascular accidents
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 3-4-61 to 3-25-61 and last saw her alive on 3-24-61
Death occurred at 6 50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert L. Carlin, M.D.
22b. ADDRESS: Stanberry, Missouri
22c. DATE SIGNED: 3-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 27, 1961
23c. NAME OF CEMETERY OR CREMATORY: Weathermon Cemetery
23d. LOCATION (City, town, or county) (State): Guilford Missouri

24. FUNERAL DIRECTOR: Leo E. Johnson ADDRESS: JOHNSON FUNERAL HOMES, Stanberry, Mo.
25. DATE REC'D. BY LOCAL REG.: March 28-1961
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

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 Ross Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry, Mo

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.