

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 336

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R.F.D. - BUNKER, MO.</u> Length of stay in 1b <u>4 MO.</u>		c. CITY OR TOWN <u>EMINENCE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT DAUGHTER'S HOME</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HENRY ALFRED GOFORTH</u>			4. DATE OF DEATH Month Day Year <u>JAN 11, 1962</u>
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 18 1874</u>
9. AGE (last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTH PLACE (City and state or country) <u>REDFLINGTON, MO</u>
12. CITIZEN OR WHAT COUNTRY <u>AMER.</u>		13a. FATHER'S NAME <u>MILES GOFORTH</u>	
13b. MOTHER'S MAIDEN NAME <u>BETTY RANDOLPH SYNTHA CONWAY</u>		14. NAME OF HUSBAND OR WIFE <u>Eula Conway, Bunker, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT Address <u>Eula Conway, Bunker, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC MYOCARDITIS</u> 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. <u>PROSTATISM (PROSTATE)</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 a.m. p.m. Month, Day, Year			
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 <u>Sept 2, 1961</u> to <u>Jan 11, 1962</u> and last saw him alive on <u>Jan 10, 1962</u> Death occurred at <u>1 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Renton Wilson, D.O.</u>		22b. ADDRESS <u>Eminence, Mo.</u>	
22c. DATE SIGNED <u>1-13-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-11-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Eminence, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Joe A. Duncan</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Rollins</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
SHOULD READ:
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 _____

Not

Signature of Student Embalmer

Embalmed

Signed *Joe R. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Mt. View, Va.*

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.