

Health, Welfare, Public Service

358-1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37787

FILED NOV 19 1956

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only), OR TOWN Osa-Gie Clinton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Brownington Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CLINTON GENERAL SH.			Length of stay in 1b	d. STREET ADDRESS City		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD LESTER Goheen				4. DATE OF DEATH Month Day Year 11 9 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6/4/1906	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Brownington Mo U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME Anderson Goheen				14. MOTHER'S MAIDEN NAME Josie Hyden			
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.		17. INFORMANT Address Mrs. Mabel Wood's Brownington			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) Concussion							INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) car wreck						
20c. TIME OF INJURY Hour Month; Day, Year 4:30 p. m. 11 9 56							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Rural Road	20f. CITY, TOWN, OR LOCATION 1/2 mi. East of Brownington	COUNTY HENRY	STATE MO			
21. I attended the deceased from Death occurred at 7 P m on the date stated above; and to the best of my knowledge, from the causes stated. to 11-9-56 and last saw her him alive on 11-9-56							
22a. SIGNATURE (Degree or title) R.D. Powell, Coroner				22b. ADDRESS Clinton Mo		22c. DATE SIGNED 11-9-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12/56	23c. NAME OF CEMETERY OR CREMATORY Maple Wood	23d. LOCATION (City, town, or county) Brownington	STATE MO			
24. FUNERAL DIRECTOR Sickman & Dunning	ADDRESS Clinton Mo	25. DATE RECD. BY LOCAL REG. 11-10-56	26. REGISTRAR'S SIGNATURE Melmed Bigum				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(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..... *Robert L. Dunne*

Licensed Embalmer No. *H. 7*

P. O. Address *Clinch*

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