

No. 300
10.48

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilson
State File No. 39399

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give town or township) EMINENCE		c. CITY OR TOWN EMINENCE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 47 days		e. STREET ADDRESS (If rural, give location) 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Lilly b. (Middle) May c. (Last) Goforth			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27-1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 25-1883	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 3 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) WAYNESBURG, KENT.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME MATISON G. SURBER	13b. MOTHER'S MAIDEN NAME ELIZA ANNA GLASPY	14. NAME OF HUSBAND OR WIFE JOHN A. GOFORTH
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'S SIGNATURE OR NAME ADDRESS Ed Self EMINENCE, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Typhoiditis e		hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Large Aortic Aneurysm DUE TO (c)		hr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1921**, to **11-27-1955**, that I last saw the deceased alive on **11-26-1955**, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. F. Wilson M.D.	23b. ADDRESS Eminence Mo	23c. DATE SIGNED 12-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 29-55	24c. NAME OF CEMETERY OR CREMATORY MUNCEL Chapel
DATE REC'D BY LOCAL REG. 12-5-55	REGISTRAR'S SIGNATURE Walter Roehl	24d. LOCATION (City, town, or county) (State) EMINENCE, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4470 DUNCAN'S Mt. View, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Joe P. Duncan*.....

Licensed Embalmer No. *432*.....

P. O. Address *St. Louis*.....

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.