

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28485

State File No. \_\_\_\_\_

Registration District No. 391

Primary Registration District No. 52462

Registrar's No. 58

47  
0  
0

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

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Arcadia ~~Twp~~  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Lavina Goff

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert Goff 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 3, 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Drew Pearson

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wilheit

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Goff

(b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 8/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address W. White Ironton Mo.

19. (a) Aug-16-41 (b) Julia A. Kuntz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047  
(c) City or town Arcadia 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13  
year 1941 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 19 1940 to August 13 1941  
that I last saw h. er alive on August 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 48 hrs.

Due to 50  
Due to \_\_\_\_\_

Other conditions Carcinoma of breast 6 yrs.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature George Gay (M. D. or other) M. D.  
Address Ironton, Mo. Date signed 8-16-41

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Priscilla White*

Licensed Embalmer No.....

*3012*

P. O. Address.....

*Denton, Miss*

**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 this body is not embalmed, fact should be so stated above.**