

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 27 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3795

State File No.

Registration District No. 374

Primary Registration District No. 6273-4547

Registrar's No. 3

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant city
(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 Life
years, months or days)

3. (a) PRINT

FULL NAME Daniel Dinaldo Goff

3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife Clara Goff 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 6 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Lufkwell Goff

13. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

14. Maiden name Marjorie Goff

15. Birthplace unknown (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Belle Goff

(b) Address Grant city, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 1-9-47
(Month) (Day) (Year)

(c) Place: burial or cremation Navy Home, Cen.

18. (a) Signature of funeral director J. C. Stimpfle

(b) Address Grant city, Mo.

19. (a) Jan - 13/47 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County North

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Grant city (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1947 hour 4 o'clock minute P. M.

21. I hereby certify that I attended the deceased from 2 January
1947, to 7 Jan 1947;
that I last saw him alive on 6 Jan 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death.

Uremia Duration 3 days
Due to Pyletic + nephrolithiasis week

Due to nephrolithiasis, rt. 2 yrs

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 134A

Of autopsy
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) no

(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) (e) Means of injury

23. Signature Frank B. Matteson (M. D. or other)

Address Grant City, Mo. Date signed 7 Jan 47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....*Jack C. Dumble*.....
Licensed Embalmer No.*3252*.....
P. O. Address.....*Hart City, 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 this body is not embalmed, fact should be so stated above.