FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1948

Registration District No. 566

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6244

State File No. 25281

Registrar's No.

1. PLACE OF DEATH:
(a) County: Washington
(b) City or town: Cadet R#1 Rural-Union
(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: 65years (Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Washington 110
(c) City or town: Cadet, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elmer H. Goff
3. (b) If veteran, name war:
3. (c) Social Security No. 494 10 6059

4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Alice Goff
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: 3 (Month) 20 (Day) 1883 (Year)

8. AGE: Years 65 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Washington Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: Mining
12. Name: William Goff
13. Birthplace: Washington Co. (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Ida Goff
15. Birthplace: Washington Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Robert Goff
(b) Address: Cadet, Mo. R# I
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cadet, Mo. (Rural)
18. (a) Signature of funeral director: Boyer Funeral Home
(b) Address: Potosi, Mo.
19. (a) 7/29/48 (Date received local registrar) (b) Helen Rudall (Registrar's signature) 403

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 9 minute A M.
21. I hereby certify that I attended the deceased from March, 1948, to July 27, 1948 that I last saw him alive on 17 July, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	30 Min.
Due to: Coronary arteriosclerosis	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Noel V. McKinstry (M. D. or other) M.D.
Address: De Soto, Mo. Date signed 27 July 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 848-

Date Filed 8-4-1

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed H Boyer

Licensed Embalmer No. 4158

P. O. Address Tolosi N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co the above constitutes grounds for revocation of license.)

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