FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 394

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6273

State File No. 39203

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Worth

(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113

(c) City or town Grant City-rural 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Gladys Goldie Goff

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female /

5. Color or race white

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Elvis G.Goff

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June (Month) 24 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	4	22	..... hr. ..... min.

9. Birthplace Sheridan (City, town, or county) Missouri (State or foreign country) /

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jim Adams
13. Birthplace Isadora (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Eunice Kemrey
15. Birthplace Bedford (City, town, or county) Iowa (State or foreign country) /

16. (a) Informant Elvis G.Goff /
(b) Address Grant City,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Tent Chapel Cemetery

18. (a) Signature of funeral director Arch C Dunfee
(b) Address Grant City,Mo

19. (a) 11-22-48 (Date received local registrar) (b) Letha E. Dawson (Registrar's signature) 345

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1948 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from ~~Nov~~ ..... 19..... to ..... 19.....
that I last saw h..... alive on Nov-16 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	✓
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

Coroner call no inquest

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 ✓

23. Signature B. J. Kass MD (M. D. or other)

Address Grant City Mo Date signed Nov-18-48

Jefferson City Printing Co. 0 (Licensed Embalmer's Statement on Reverse Side)

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 Arch C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant 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.