S. No. 300
10.48

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31344

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 116

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

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missuri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage City
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Emily
b. (Middle):
c. (Last): Goff

4. DATE OF DEATH (Month) (Day) (Year): Sept 3 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: June-17-1866
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): France 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: George Goff

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert Goff, Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility — 4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11-, 1948, *to* 9-3-, 1949, *that I last saw the deceased alive on* 9-2-, 1949, *and that death occurred at* 8:35A *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rodney McFarland Jr.
23b. ADDRESS: Rolla, Mo
23c. DATE SIGNED: 9/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept-5-49
24c. NAME OF CEMETERY OR CREMATORY: River View Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo

DATE REC'D BY LOCAL REG.: 9-7-49
REGISTRAR'S SIGNATURE: Nadine L Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Shorp J. Gordon Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,

County File Number .....
Date Filed 10-15-49

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 .....
Student Embalmer

Signed Thorp J Gordon
Licensed Embalmer No. 1786
P. O. Address Kilgore 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.