

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27329

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4249 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. LENGTH OF STAY (In this place) <u>4 mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - VALLE 0500</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1 De Soto, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing H</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ETTA</u> c. (Last) <u>Goff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 20-1870</u>		9. AGE (In years last birthday) <u>79</u> (Under 1 year) Months _____ Days _____ If under 1 mth. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Milton Burkey</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH FREY</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie Goff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anker Lerret - De Soto, Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombophlebitis left lower extremity? pulmonary embolus.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of neck of left femur, un-united.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Herpes zoster, right 7th, 8th, & 9th thoracic segments.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One month.</u> <u>18 months.</u> <u>5 days.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>De Soto Jefferson Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell down at home</u>		
22. I hereby certify that I attended the deceased from <u>11-10</u> , 19 <u>49</u> , to <u>Aug 31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>50</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>			23b. ADDRESS <u>De Soto, Mo</u>		23c. DATE SIGNED <u>9-2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sep 2 1950</u>		REGISTRAR'S SIGNATURE <u>Killian Mersand</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mathershead De Soto, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED 9-8-50
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, Mo

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

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