

FILED JAN 6 1951

Dr. Kanagawa

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 603

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 1

264
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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City | | c. LENGTH OF STAY (in this place) 32yrs | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Missouri | | 0264 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 728 East Capital Avenue | | d. STREET ADDRESS (If rural, give location) 728 East Capital Avenue | |

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|-------------------------------------|------------------|-----------------------|---------------|---------------------------------------|------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Rhoda | b. (Middle) Elizabeth | c. (Last) Goe | 4. DATE OF DEATH (Month) (Day) (Year) | Jan 2 1951 |
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|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|-----------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March-10-1869 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (State or foreign country) Mercer County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.S.A. |
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| 13a. FATHER'S NAME Rene J. Slover | 13b. MOTHER'S MAIDEN NAME Rebecca Erixson | 14. NAME OF HUSBAND OR WIFE Addison Goe |
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| 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 Mabel Hudson, Jefferson City, Mo | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. 4 1/2 yr. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Jan 2, 1951, that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. Kanagawa (Degree or title) M.D. | 23b. ADDRESS 1 Dallmeyer Bldg. | 23c. DATE SIGNED 1/2/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan-4-51 | 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo |
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| DATE REC'D BY LOCAL REG. Jan 2-1950 | REGISTRAR'S SIGNATURE R.P. Harris M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Jefferson City, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-5-51

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.

Signed Lester V. Denerley Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4712

P. O. Address J.C. Md.

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.