

## STANDARD CERTIFICATE OF DEATH

State File No. 1934

0580

FILED JAN 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5692 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <del>Linn</del> <u>LINN</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission, give institution and date of admission) a. STATE <u>Missouri</u> b. COUNTY <del>Linn</del> <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-ParsonCreek Twp.</u>		c. LENGTH OF STAY (In this place) <u>42yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Parson Creek Twp.</u>		058
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4mi. N.E. Wheeling, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>4mi. N.E. Wheeling, Mo.</u>		
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>			a. (First)	b. (Middle)	c. (Last) <u>GOFF</u>
4. DATE OF DEATH <u>Jan. 19, 1952</u>		(Month)	(Day)	(Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Danville, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Goff</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Cannon</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie 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>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Goff, Chillicothe, Mo.</u>	ADDRESS	
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>	ANTECEDENT CAUSES				<u>2 1/2 hrs.</u>
Morbidity 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.				
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)	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)	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 <u>Jan. 18, 1952</u> , to <u>Jan. 19, 1952</u> , that I last saw the deceased alive on <u>Jan. 19, 1952</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. L. Bryan, M.D.</u>			23b. ADDRESS <u>Wheeling, Mo.</u>		23c. DATE SIGNED <u>1-21-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 21-1952</u>	REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Jordan, Chillicothe, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

10-11-44

**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: Ronald Jordan

Licensed Embalmer No. 4491

P. O. Address Chillicothe, 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.