Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21022 A
STATE FILE NUMBER

FILED AUG 15 1953

Registration District No. 170 Primary Registration District No. 5629 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Prosperine — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Laclede
c. CITY OR TOWN: Prosperine — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Tillie Middle: C. Last: Goff

4. DATE OF DEATH: Month June Day 30, Year 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 2, 1891
9. AGE (In years last birthday): 60 — 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): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (City and state or country): Povidz Poland Poznan
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Valenty Kozeneske
13b. MOTHER'S MAIDEN NAME: Eleanor Peters
14. NAME OF HUSBAND OR WIFE: Daniel Goff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 356-09-0802
17. INFORMANT: Husband Daniel Goff Address: Prosperine, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Adeno-Carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Adenocarcinoma of Ovary
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 26 Nov 51 to and last saw her alive on 26 Nov 51. Death occurred at 30 June 1952 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul A. Jenkins M.D. (Degree or title)
22b. ADDRESS: Lebanon Mo.
22c. DATE SIGNED: 18 July 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 2, 1952
23c. NAME OF CEMETERY OR CREMATORY: Prosperine
23d. LOCATION (City, town, or county) (State): Prosperine, Missouri

24. FUNERAL DIRECTOR: Bankson-Woolery ADDRESS: Camdenton, Mo.
25. DATE RECD. BY LOCAL REG.: 8/15/58
26. REGISTRAR'S SIGNATURE: Thomas C Dunlon

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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