U.S. No. 300
Rev. 10.48

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

0043
0

20093

FILED MAY 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13170

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0043
d. STREET ADDRESS (If rural, give location): Omar St.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): EUGENE
c. (Last): GOFF

4. DATE OF DEATH (Month) (Day) (Year): May 2,53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 1,53
9. AGE (In years last birthday): If under 1 year: Months / Days: If under 24 hrs.: Hours 20 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (City and State or Foreign Country): Mexico,Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert R. Goff
13b. MOTHER'S MAIDEN NAME: Helen Turner
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert R. Goff,Mexico,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) Prematurity 5½ months — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776 X
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* May 1 *, 19*53*, to* May 2 *, 19*53*, that I last saw the deceased alive on* May 2 *, 19*53*, and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C L Garcia M.D.
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: 5/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4,53
24c. NAME OF CEMETERY OR CREMATORY: East Lawn
24d. LOCATION (City, town, or county) (State): Mexico,Mo.

DATE REC'D BY LOCAL REG.: May 4-1953
REGISTRAR'S SIGNATURE: Blanche Nelly
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earl E Pruitt ,Mexico,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico, 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.