

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42054

State File No.

FILED DEC 22 1953

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5088 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Bates.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hudson</u>	c. LENGTH OF STAY (in this place) <u>13yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hudson Twp 00 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Horie-Hudson</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi West of Appleton City.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John.</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Goff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1953</u>
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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>July 13, 1879</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Days <u>4</u>	# UNDER 1 MIN. Hours <u>29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Barney Goff</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Deats</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Goff</u>	ADDRESS <u>Appleton City Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arterial Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 7-1, 1942 to 12-12, 1953, that I last saw the deceased alive on 12-1, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. P. Hanson MD</u>	23b. ADDRESS <u>Butler Mo</u>	23c. DATE SIGNED <u>12-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 14-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 14-53</u>	REGISTRAR'S SIGNATURE <u>Rendall Kersey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u>	ADDRESS <u>Appleton City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0070

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 W. J. Tarrant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.