

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28068**

5510
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 7 1954

BIRTH NO. _____		REG. DIST. NO. 165		PRIMARY REG. DIST. NO. 4253		Registrar No. 67	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived: Institution, residence before a. STATE Mo b. COUNTY Johnson)			
b. CITY OR TOWN Chilhowee		c. LENGTH OF STAY (In this place) 10yr		c. CITY OR TOWN Chilhowee		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) Home, Johnson, Missouri			
3. NAME OF DECEASED (First) FANNIE		b. (Middle) Lee Goff		c. (Last) Hastain		4. DATE OF DEATH (Month) (Day) (Year) 8-27-54	
5. SEX F		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widow		8. DATE OF BIRTH 10-27-1868	
9. AGE (In years last birthday) 85		10. MONTHS 10		11. BIRTHPLACE (City and State or Foreign Country) Rockport Mo		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Rockport Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ephraim Goff		13b. MOTHER'S MAIDEN NAME Jane Ann Teakle, Deekand		14. NAME OF HUSBAND OR WIFE Deekand			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Fannie Lee Hastain Chilhowee ADDRESS Chilhowee			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, acute INTERVAL BETWEEN ONSET AND DEATH one day ANTECEDENT CAUSES DUE TO (b) Acute cardiac failure one week DUE TO (c) Myocardial occlusion one week II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fracture of left hip				20. AUTOPSY? 4222 F 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) (Min.)		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 8-27-1954 , to 8-27-1954 , that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 Am. , from the causes and on the date stated above.							
23a. SIGNATURE Keith D. Jones, MD (Degree optional)				23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 8-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-29-54		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg Mo	
DATE REC'D BY LOCAL REG. 9-2-1954		REGISTRAR'S SIGNATURE Nannie Shacker 148-0		25. GENERAL DIRECTOR'S SIGNATURE Fred W. Johnson Clinton Mo (Address)			

RECEIVED
SEP 3 1954
JOHNSON COUNTY HEALTH DEPT.

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.....
Signature of Student Embalmer

Signed *Fred Wilkinson*.....

Licensed Embalmer No. *247*.....

P. O. Address *Clinton*.....

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.