

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5369

State File No.

500 /

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#1 House Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#1 House Springs</u> <u>0500</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Sugar Creek Rd Murphy, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Sugar Creek Rd Murphy, Mo</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE R. GOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 12, 1955</u>	
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>June 3, 1906</u>
9. AGE (In years) (If under 1 year, give months) (If under 12 months, give days) (If under 12 hours, give minutes) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
11. KIND OF BUSINESS OR INDUSTRY <u>WALDEE GAS Co.</u>		12. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo</u>	
13. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>KEMP GOFF</u>	
13b. MOTHER'S MAIDEN NAME <u>BLANCHE BATES</u>		14. NAME OF HUSBAND OR WIFE <u>FREDERICKA GOFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or date of service) <u>Peace Time Service</u>		16. SOCIAL SECURITY NO. <u>488-34-2961</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>FREDERICKA GOFF</u>		ADDRESS <u>R.R.#1 House Springs, Mo</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By shooting himself</u> DUE TO (c) <u>with shotgun</u>			
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 <u>E976 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R.R.#1 House Springs Jefferson, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 12, 1955 7:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Shot wound - self inflicted</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURES (Degree or title) <u>T. B. Edwards M.D. Chm. M.D. Bremer</u>		23b. ADDRESS <u>Ordor Hill Mo.</u>	
23c. DATE SIGNED <u>2/12/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/15/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Summit Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12-55</u>		REGISTRAR'S SIGNATURE <u>Ruth J. Isaac 438</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Fitzgerald</u>		ADDRESS <u>Kirkwood, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

FEB 16 1955

DATE RECEIVED

FEB 16 1955

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

William H. Fitzgibbon

Licensed Embalmer No. _____

4396

P. O. Address _____

Kirkwood 24

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.