

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29310**

REG. DIST. NO. **76** PRIMARY REG. DIST. NO. **3502** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clark Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clark Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles S on 54 Highway.		d. STREET ADDRESS (If rural, give location) 7 miles S. on 54 Highway	
3. NAME OF DECEASED (Type or Print) Paul John Goller a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage owner		10b. KIND OF BUSINESS OR INDUSTRY OWN	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 9 Days 23 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Adam R. Goller		13b. MOTHER'S MAIDEN NAME Annie Kaufman	14. NAME OF HUSBAND OR WIFE Selma Goller
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. 490-09-7047	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Selma Goller Jefferson City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 hrs *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 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		20. AUTOPSY? 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) m.	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 9/15 , 19 55 , to 9/15 , 19 55 , that I last saw the deceased alive on 9/15 , 19 55 , and that death occurred at 6:15 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. J. Caniguera MD		23b. ADDRESS 10411 Ballmeadow Blag	23c. DATE SIGNED 9/16/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 18 1955	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Sept. 19-1955	REGISTRAR'S SIGNATURE Mr. T. L. Glover	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Brecher Jefferson City	

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

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 Victor Breacher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.