

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28037

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 313

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</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>St. Francois Twp.</u>		c. CITY OR TOWN <u>Hillsboro</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>By 3m. 18d</u>		e. STREET ADDRESS (If rural, give location) <u>Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Hospital #4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>ROSE</u> c. (Last) <u>GOFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 24, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED, <input type="checkbox"/> SEPARATED	8. DATE OF BIRTH ^A <u>1-28-19</u>	9. AGE (In years) (at birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Emery Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Essie Boyd</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Goff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records, State Hosp. #4, Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Streptococcus Septicemia - - - - -</u>		DUE TO (b) <u>Extraction of teeth on 8-16-56.</u>			<u>8 das.</u>
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		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 <u>0530</u>			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 June 21, 1956, to Aug. 24, 1956, that I last saw the deceased alive on Aug. 24, 1956, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>8-24-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 25 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERCULANEUM</u>		24d. LOCATION (City, town, or county) (State) <u>HERCULANEUM Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 24, 1956</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DIETRICH F.H.</u>		ADDRESS <u>DeSoto Mo</u>	

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.....
Donnell B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address *W. 1st St.*

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.