

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2280**

No. 300
10-48

FILED JAN 29 1957

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) ROLLA	c. LENGTH OF STAY (in this place) 13 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) HOUSTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION PHELPS CO. HOSPITAL		d. STREET ADDRESS (If rural, give location) 10¹⁰	

3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) VANBUREN c. (Last) GOFF			4. DATE OF DEATH (Month) (Day) (Year) JAN 19 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 16 1875	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 7 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME SARAH ERVIN	14. NAME OF HUSBAND OR WIFE AMANDA GOFF
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS IDA ASHWORTH Houston, MO	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd. degree Burn face & Chest.		INTERVAL BETWEEN ONSET AND DEATH 2 Wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Rolla (COUNTY) MO (STATE)
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21d. TIME OF INJURY 1 6 57 (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Smoking in bed
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22. I hereby certify that I attended the deceased from **16**, 19**57**, to **1-19**, 19**57**, that I last saw the deceased alive on **1-19**, 19**57**, and that death occurred at **3:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm R. Ely M.D.	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 1/22/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-21-57	24c. NAME OF CEMETERY OR CREMATORY OAK HILL	24d. LOCATION (City, town, or county) (State) HOUSTON MO
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DATE REC'D BY LOCAL REG. Jan 24, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELLIOTT FUNERAL HOME HOUSTON
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(Licensed Embalmer's Statement on Reverse Side)

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

388

140

RECEIVED

Phelps County Health Officer,

County File Number 626

Date Filed 1-28-57

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 Paul E. Zull

Licensed Embalmer No. 4498

P. O. Address Dolla, 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.