

FILED MAY 29 1957

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Worth <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City,		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Rural - Fletchall	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 4 Miles North of Grant City, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) Anna	b. (Middle) Maude	c. (Last) Goff	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1957	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 24, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Joshua <del>XXX</del> Florea	13b. MOTHER'S MAIDEN NAME Mary Peterson	14. NAME OF HUSBAND OR WIFE Albert Goff
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-42-9439	17. INFORMANT'S SIGNATURE OR NAME Elvis Goff - Grant City, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>10 yrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cardiovascular Disease</i>		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 5-17, 1957, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank S. Peterson</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>Grant City, Mo</i>	23c. DATE SIGNED <i>5-18-57</i>
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1957	24c. NAME OF CEMETERY OR CREMATORY Tent Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Ringgold County, Iowa
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DATE REC'D BY LOCAL REG. <i>May 25 - 1957</i>	REGISTRAR'S SIGNATURE <i>Leta E. Dawson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bill A. Dunfee</i>	ADDRESS <i>Grant City, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

1130

34570

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 *Bill A. Dunfee* .....  
Licensed Embalmer No. *490*

P. O. Address *Grant Co.*

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.