

USE ONLY BLACK INK ON RIBBON TYPEWRITER IS POSSIBLE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4280

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. ....374....

Primary Registration District No. 4273

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Worth County Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fletcher Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Grant City Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles north east of Grant City</u> Length of stay in lb <u>6 months</u>		d. STREET ADDRESS (If outside, give location) <u>South High St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>Bell</u> Last <u>Goff</u>		4. DATE OF DEATH Month <u>February</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July-19-1872</u>	
9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> Hours <u></u> Min. <u></u>	11. 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>housewife</u>		
11. BIRTHPLACE (City and state or country) <u>Isadora Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Rinaldo Brown</u>		14. MOTHER'S MAIDEN NAME <u>Nancy McCrady</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 <u>Virgil Goff</u> Address <u>Grant City Missouri</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemoragae</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>  <u>5 Yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u>24 1958</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION <u>Grant City</u>		COUNTY <u>Missouri</u> STATE <u></u>		
21. I attended the deceased from <u>Jan 31 1958</u> to <u>Feb 1 1958</u> and last saw her alive on <u>Jan 31 1958</u> . Death occurred at <u>10:00</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Dr. Pullerton M.D.</u>		22b. ADDRESS <u>Reddick Tractor</u>		
22c. DATE SIGNED <u>2-3-58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb-3-1958</u>		
23c. NAME OF CEMETERY OR CREMATORY <u>Honey Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Grant City</u> (State) <u>Missouri</u>		
24. FUNERAL DIRECTOR <u>John Anderson</u> ADDRESS <u>Grant City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-7-1958</u>		
26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>				

(Licensed Embalmer's Statement on Reverse Side)

VS APR 6 1959

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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 John Andrews, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 42

P. O. Address Grant City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.