

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-0247225

STATE FILE NUMBER

FILED AUG 14 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 493

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>		
b. CITY OR TOWN <u>Poplar Bluff, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff</u> <u>0124</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>		Length of stay in 1b	d. STREET ADDRESS <u>509 Park</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Goff</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>5,</u> Year <u>1958</u>		
5. SEX <u>Male</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>Feb. 20, 1884</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Louisville, Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Isaac Goff</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Ann Vinson</u>	
14. NAME OF HUSBAND OR WIFE <u>Molly Van Pelt, Dec'd.</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>431-18-0875</u>	
17. INFORMANT <u>Aness Marin Goff, Poplar Bluff, Mo.</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>Apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>334X</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</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.) <u>2</u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>Poplar Bluff, Mo.</u>		20g. COUNTY <u>Butler</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1 Aug 58</u> to <u>5 Aug 58</u> and last saw ^{her} alive on <u>4 Aug 58</u> Death occurred at <u>5:35 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Cyril A. Post M.D.</u> (Degree or title)		22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>6 Aug 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-6-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Black Creek Cem.</u>	
23d. LOCATION (City, town or county) <u>Poplar Bluff, Mo.</u>		23e. STATE <u>Mo.</u>		23f. COUNTY <u>Butler</u>	
24. FUNERAL DIRECTOR <u>Frank-Cotrell Poplar Bluff, Mo.</u>		25. DATE RECD BY LOCAL REG. <u>8/9/58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

RECEIVED
AUG 12 1958

BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Charles E Mungo* _____

Licensed Embalmer No. *4877* _____

P. O. Address *Gaslar Bluff* _____

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.