. Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004918
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY: Cole b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Inside Limits: Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Length of stay in Ib	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Callaway c. CITY OR TOWN: New Bloomfield — Inside Limits: Yes [ ] No [X] d. STREET ADDRESS (If outside, give location): Highway # 54 North — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First / Middle / Last: ORBREY PIERCE GOFF				4. DATE OF DEATH Month Day Year: February 24, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Sept. 6, 1888	9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 4, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Motel Manager	10b. KIND OF BUSINESS OR INDUSTRY: Motel	11. BIRTHPLACE (City and state or country): Ashland, Mo.		12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Goff	13b. MOTHER'S MAIDEN NAME: Harrott Burnett	14. NAME OF HUSBAND OR WIFE: Mrs. Clara Meier Goff		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Clara Goff — Address: New Bloomfield, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Occlusion	15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cardio Vascular Disease	5 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1954, to Feb. 24, 1959 and last saw her/him alive on Feb. 24, 1959
Death occurred at 10:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. B. Clubb M.D.	22b. ADDRESS: Jefferson City, Mo	22c. DATE SIGNED: 2-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery	23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.
24. FUNERAL DIRECTOR: Victor Buesche — ADDRESS: J.C. Mo	25. DATE RECD. BY LOCAL REG.: 26 February 1959	26. REGISTRAR'S SIGNATURE: R. O. Dorris, MD-MR	

(License Embalmer's Statement on Reverse Side)

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

JS MAR 2 3 1959

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 Victor Bueschel

Licensed Embalmer No. 3701

P. O. Address J. C. M

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.