

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020244
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 374 Primary Registration District No. Registrar's No. 19

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>Union Township</u>		c. CITY <u>Isadora Missouri</u> OR TOWN <u>Isadora Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mile south Isadora 6 months</u>		d. STREET ADDRESS <u>Main Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Silas</u> Middle <u>C.</u> Last <u>Goff</u>		4. DATE OF DEATH Month <u>May</u> Day <u>-20</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>March-16-19</u> <u>85</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realiator</u>		9b. AGE (In years last birthday) Months <u>2</u> Days <u>16</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realiator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Realiator</u>	
11. BIRTHPLACE (City and state or country) <u>Worth County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Goff</u>		14. MOTHER'S MAIDEN NAME <u>Annie Merckling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Gay Goff Grant City Missouri</u>		Address	
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>DEBILITY & INANITION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>METASTATIC CARCINOMA</u> DUE TO (c) <u>CARCINOMA OF PANCREAS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>157X</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>6-8 WEEKS</u> <u>2 MONTHS</u> <u>1 YEAR</u>			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ <u>2</u>			
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 <u></u> a. m. <u></u> p. m. <u></u>		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 <u></u> STATE <u></u>	
21. I attended the deceased from <u>JAN 1957</u> to <u>MAY 20, 1959</u> and last saw her alive on <u>MAY 20, 1959</u> Death occurred at <u>5:40 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard J. Smith DO. 2</u>		22b. ADDRESS <u>GRANT CITY MO.</u>	
22c. DATE SIGNED <u>MAY 22, '59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 22 - 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Honey Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>North Grant City Mo.</u>
24. FUNERAL DIRECTOR <u>John Andrews</u>	ADDRESS <u>Grant City Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 11, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Bowdrey Kibbe</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

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.....John Andrews

Licensed Embalmer No. 42

P. O. Address Grant City

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