ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-037463
STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 60

FILED OCT 18 1961

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeSoto
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 518 No. Fifth St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: DeSoto
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 518 No. Fifth St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Martin Middle: Louis Last: Goff
4. DATE OF DEATH: Month: Oct. Day: 13 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/11/88
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Barite Mill
11. BIRTHPLACE (City and state or country): Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gilbert Goff
13b. MOTHER'S MAIDEN NAME: Clementine Price
14. NAME OF HUSBAND OR WIFE: Minnie Scott Goff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic
17. INFORMANT: Violet Vaughn Address: Bloomsdale, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 15 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 February 1961 to October 13, 1961 and last saw ~~him~~ alive on Oct 12, 1961
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): V. E. Pierce, D.O.
22b. ADDRESS: 105 Eastern, DeSoto, Mo.
22c. DATE SIGNED: Oct. 14, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/15/61
23c. NAME OF CEMETERY OR CREMATORY: Goff
23d. LOCATION (City, town, or county) (State): Washington County, Mo.
24. FUNERAL DIRECTOR: J. L. Mothershead ADDRESS: DeSoto, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 14-1961
26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

OCT 24 1961

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 J Lee Mathershea

Licensed Embalmer No. 35 3 1

P. O. Address De Soto, M

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