

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22843**

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **122**

0422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place) 1 year	
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 EAST OAK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
		d. STREET ADDRESS (If rural, give location) 411 EAST OAK ST	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) CAROLINE c. (Last) GOFFE			4. DATE OF DEATH (Month) (Day) (Year) AUG 6 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	
8. DATE OF BIRTH 5/14/1868		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Clinton Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME DAVID SPEISER		13b. MOTHER'S MAIDEN NAME ERNESTINE MACK	
14. NAME OF HUSBAND OR WIFE THEO. H. GOFFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs Elsworth Marko Clinton		17. ADDRESS Clinton Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES arterio sclerosis		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS None	
II. OTHER SIGNIFICANT CONDITIONS None		Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION None	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 17, 1951 , to Aug 6, 1951 , that I last saw the deceased alive on Aug 6, 1951 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.	

22. I hereby certify that I attended the deceased from May 17, 1951 , to Aug 6, 1951 , that I last saw the deceased alive on Aug 6, 1951 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.		23a. SIGNATURE S.B. Hughes, M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 8/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 8/9/51		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM		24d. LOCATION (City, town, or county) (State) Clinton Mo	

DATE REC'D BY LOCAL REG. Aug-9-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consover		ADDRESS Clinton Mo	
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RECEIVED 8-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-13-51

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 _____
Student Embalmer

Signed

J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address *Clinton Mo*

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 this body is not embalmed, fact should be so stated above.