

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21429

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY PETTIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN SEDALIA		
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle)		
		c. (Last) GOFF		4. DATE OF DEATH June 14, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH Mar 21, 1870		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arch Goff		13b. MOTHER'S MAIDEN NAME Sarah McCool		
14. NAME OF HUSBAND OR WIFE John T. Goff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Arthur Goff, Sedalia, Mo.		ADDRESS				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage - acute from stomach and bladder - cause undetermined.		PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1. BLINDNESS - 2. SENILITY 3. MALNUTRITION. 4. Decubitus ulcers.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (m.)		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 JUNE 9, 1956 , to JUNE 13, 1956 , that I last saw the deceased alive on JUNE 13, 1956 , and that death occurred at 5:00 P. m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Karl B. Gorman MD		23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 15 June 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/15/56		24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		
24d. LOCATION (City, town, or county) (State) Warsaw, Missouri						
DATE RECD BY LOCAL REG. 6/15/56		REGISTRAR'S SIGNATURE Luma Bondy		25. FUNERAL DIRECTOR'S SIGNATURE Norman Gorman		
		ADDRESS Sedalia, Mo.				

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

JUN 27 1956

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 *P. E. Baker*.....

Licensed Embalmer No. *2411*

P. O. Address *Secular*

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.