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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4256

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Cadet 1100 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cadet R.F.D. 1 — Length of stay in 1b 18 Yrs.	d. STREET ADDRESS (If outside, give location) R.F.D. No. 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Alice	Middle: Sarah	Last: Goff	4. DATE OF DEATH Month Day Year: Jan. 21, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Dec. 23,1901	9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher	10b. KIND OF BUSINESS OR INDUSTRY: Public School	11. BIRTHPLACE (City and state or country): Washington County,Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Christoper Kirkpatrick		14. MOTHER'S MAIDEN NAME: Sarah Fromm		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----------	16. SOCIAL SECURITY NO.: 499-05-1346	17. INFORMANT: Wanda Goff	Address: Cadet, Mo. R.F.D. 1	

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) Unknown; believed due natural cause.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Found dead; no medical treatment recently

DUE TO (c) Last medical care for high blood pressure.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 444X

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 _____, to _____ and last saw her/him alive on _____

Death occurred at probably near 6P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert Kendall Local Registrar	22b. ADDRESS: 912 Richeson Rd.Potsi,Mo.	22c. DATE SIGNED: 1/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/24/58	23c. NAME OF CEMETERY OR CREMATORY: Cadet Cemetery	23d. LOCATION (City, town, or county) (State): Cadet, Mo. R.F.D. 1
24. FUNERAL DIRECTOR ADDRESS: Bert L. Boyer Leadwood, Mo.	25. DATE RECD. BY LOCAL REG.: 1/28/58	26. REGISTRAR'S SIGNATURE: Herbert Kendall	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Boyer

Licensed Embalmer No...47

P. O. Address Leadwood

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