S. No. 300
Rev. 10.48

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9763

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5885 Registrar's No. 3

0730
1

1. PLACE OF DEATH
a. COUNTY: Newton - Shoal Creek Township
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin (RURAL)
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 4 Box# 127

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin (RURAL) 0730 0
d. STREET ADDRESS (If rural, give location): Rt# 4 Box# 127

3. NAME OF DECEASED (Type or Print)
a. (First): Nannie
b. (Middle): May
c. (Last): GOHEEN

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1950

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7, 1880
9. AGE (In years last birthday): 69 — If under 1 year: Months 9, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home Making
11. BIRTHPLACE (State or foreign country): Joplin, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: R.L. Yoder
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Robert R. Goheen

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Robert Goheen ADDRESS: Rt# 4 Box# 127 Joplin, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 yrs
DUE TO (c) Diabetes Mellitus — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 20, 1950, *to* Feb 28, 1950, *that I last saw the deceased alive on* Feb 27, 1950, *and that death occurred at* 1:40P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. L. Schubert (Degree or title)
23b. ADDRESS: Turner Bldg - Joplin Mo.
23c. DATE SIGNED: 3-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 3, 1950
24c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial Park
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 3-23-50
REGISTRAR'S SIGNATURE: Ethel James RN by Dalton Lemphus DR
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Mort. Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1950

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 William E. [illegible]

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.