

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20105

FILED JUN 23 1952
BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 606-B

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri		b. COUNTY Greene 1396	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (If this place) 10 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 2011 N Washington			
3. NAME OF DECEASED (Type or Print) BETTY		a. (First)		b. (Middle) JEAN	
		c. (Last) GOSHORN		4. DATE OF DEATH (Month) (Day) (Year) June 19 1952	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0	8. DATE OF BIRTH March 21, 1951	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months
				Days	IF UNDER 12 HRS. Hours
					Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Lee Goshorn		13b. MOTHER'S MAIDEN NAME Mae Jones	
14. NAME OF HUSBAND OR WIFE		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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mae Goshorn, Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral palsy</u> ANTECEDENT 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 351X		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)		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 <u>June 18, 1952</u> , to <u>June 19, 1952</u> , that I last saw the deceased alive on <u>June 19, 1952</u> , and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edward Marcus M.D.</u>		(Degree or title)		23b. ADDRESS <u>623 Woodruff Bldg.</u>	
23c. DATE SIGNED <u>6/20/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1952	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer, Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. 6-21-52		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		ADDRESS	

UNIVERSITY OF MISSISSIPPI

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 _____

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.