

FILED APR 10 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45247

State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5432

0360  
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Tiankline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Pennsylvania</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cokeburg</u> <u>8370</u>	
		d. STREET ADDRESS (If rural, give location) <u>148 Lincoln Street</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) p. (First) <u>JOSEPH</u> b. (Middle) <u>J</u> c. (Last) <u>GOBLESKY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>30</u> <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12/24/1930</u>
9. AGE (In years last birthday) <u>22</u>		10. KIND OF BUSINESS OR INDUSTRY <u>U. S. Air Force</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A/IC</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph J. Goblesky, Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Felecia Gust</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Jan. 1950 to</u>	16. SOCIAL SECURITY NO. <u>190-24-0954</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. P. Ackerman, Belleville, Illinois</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>death MEDICAL CERTIFICATION AERO PLANE ACCIDENT</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>FRACTURE NECK</u>		
	DUE TO (c) <u>FRACTURE BOTH LEGS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6860X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>036</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Central</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Mo</u>
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? <u>AERO PLANE ACCIDENT</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. P. Shaffer, coroner</u> (Degree or title)	23b. ADDRESS <u>Fullman Mo</u>	23c. DATE SIGNED <u>12/30/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>1/6/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beallsville</u>	24d. LOCATION (City, town, or county) (State) <u>Beallsville Wash. Penn.</u>
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DATE REC'D BY LOCAL REG. <u>3-27-53</u>	REGISTRAR'S SIGNATURE <u>E. H. Hollington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Sauer</u>	ADDRESS <u>Belleville,</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 10 1957

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.