

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13666

State File No. \_\_\_\_\_

No. 300  
10.48

FILED APR 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 177 PRIMARY REG. DIST. NO. 3066 Registrar's No. 107

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>25yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1720 Hayselton Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1720 Hayselton Drive</u>		e. STREET ADDRESS <u>1720 Hayselton Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Charles</u> b. (Middle) _____ c. (Last) <u>Goshorn</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>14</u> (Year) <u>1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8 1890</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Days <u>11</u>	# UNDER 24 HRS Hours <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Winterset, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Arthur Goshorn</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Shriver</u>	14. NAME OF HUSBAND OR WIFE <u>Lenore Goshorn</u>
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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 1st World War</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lenore Goshorn</u> ADDRESS <u>Jefferson City Mo.</u>
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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, asthma, 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) <u>Myocardial Infarction</u>		<u>2 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>4 yrs.</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>6 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death (1) <u>Cerebral thrombosis &amp; left hemiplegia</u> (2) <u>Previous coronary occlusion</u>		<u>3 yrs.</u>	
		<u>8 mos.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Jefferson City Mo.</u>
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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? _____
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22. I hereby certify that I attended the deceased from Oct. 16, 1952, to April 14, 1953, that I last saw the deceased alive on April 14, 1953, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Donald Shull</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>521 E. High St. Jefferson City Mo.</u>	23c. DATE SIGNED <u>April 16 53</u>
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24a. BURIAL, CREMATION, OR REBURNAL (Specify) <u>Burial</u>	24b. DATE <u>April 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 20-53</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. - M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Beecher</u> ADDRESS <u>Jefferson City Mo.</u>
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EMMA I. D. D.

JUN 8 1954

APR 22 1958

APR 27 1958

**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

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.