

31051

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1003

Registrar's No. ....

1000

PRIMARY REG. DIST. NO.

REG. DIST. NO. 42

BIRTH NO. ....

FILED SEP 21 1953

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1105 Myrtle Ave		d. STREET ADDRESS (If rural, give location) 1105 Myrtle Ave.	
3. NAME OF DECEASED a. (First) Jesse b. (Middle) Martin c. (Last) Goheen			4. DATE OF DEATH (Month) (Day) (Year) September 13, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 20, 1870
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer Former		10b. KIND OF BUSINESS OR INDUSTRY Undertaker	11. BIRTHPLACE (State or foreign country) Platte County, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George K. Goheen		13b. MOTHER'S MAIDEN NAME Margaret Woods	14. NAME OF HUSBAND OR WIFE Minie Goheen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. B. Martin ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal disease ANTECEDENT CAUSES (b) Congestive failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X	
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) (Min.)	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 Aug 23, 1953, to 13 Sept, 1953, that I last saw the deceased alive on 12 Sept, 1953, and that death occurred at 6:50A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edwin W. Slattery MD		23b. ADDRESS 570 Johnson St. St. Joseph, Mo.	23c. DATE SIGNED 14 Sept 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
DATE REC'D BY LOCAL REG. Sept 17, 1953	REGISTRAR'S SIGNATURE E. M. Allison	FUNERAL DIRECTOR'S SIGNATURE J. M. Schaffer	ADDRESS St. Joseph, Mo.

14-5-5-12

(Licensed Embalmer - Statement on Reverse Side)

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

No. 300  
10-48

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 Edward C. Garrison  
Licensed Embalmer No. 3258 Missouri.  
P. O. Address St. Joseph, Missouri.

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.