

STANDARD CERTIFICATE OF DEATH

State File No. **12351**BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5573** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Grain Valley, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Clay) Mine Camp	
c. LENGTH OF STAY (In this place) 4 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Leroy c. (Last) Gooseman			4. DATE OF DEATH (Month) April (Day) 28 (Year) 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mines	11. BIRTHPLACE (State or foreign country) Little Rock, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isrel Gooseman		13b. MOTHER'S MAIDEN NAME Samatha		14. NAME OF HUSBAND OR WIFE Mrs. Augustine Gooseman	
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. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs. Augustine Gooseman ADDRESS Wellington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure					Few Minutes
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Prolonged Recumbency (Paralysis following Apoplexy)			2 yrs
		DUE TO (c) Arteriosclerosis - Hypertension			Unknown
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Advanced Age - Feeding Problem			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) GRAIN VALLEY JACKSON MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X X X m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> WHILE AT HOME <input type="checkbox"/> WHILE AT SCHOOL <input type="checkbox"/> WHILE AT RECREATION <input type="checkbox"/> WHILE AT OTHER PLACE <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None	

22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **April 28, 1954**, that I last saw the deceased alive on **April 28, 1954**, and that death occurred at **6:52 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert N. Clarke, D.O.		23b. ADDRESS Grain Valley, Mo.		23c. DATE SIGNED April 28 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1954		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Wellington, Missouri	

DATE REC'D BY LOCAL REG. May 1-54		REGISTRAR'S SIGNATURE M. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Shippard ADDRESS Wellington, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Clair Stuppard

Licensed Embalmer No. 4179

P. O. Address Wilmington, Pa

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.