

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019792

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. _____ Registrar's No. 82

FILED JUN 14 1962

VS 300
Rev. 4/59

DATE AMENDED

0790
28120

3

4 0

5 1

6

7 1

8 2

9866X

10 39

11 079

1291-3

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brazeau TWP		Length of stay in 1b Transient	c. CITY OR TOWN East Alton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1012 Lindon Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Robert Eugene Goessman			4. DATE OF DEATH Month Day Year June 2 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-38
9. AGE (last birthday) 24		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Alton, Ill.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Glen Goessman	
13b. MOTHER'S MAIDEN NAME Evelyn Sawyer		14. NAME OF HUSBAND OR WIFE Janet Broadway Goessman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Janet Goessman
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES DUE TO (b) BODY MUTILATION DUE TO (c) Coroner of Perry County, Mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FALLING PLANE CRASH	
20c. TIME OF INJURY Hour Month, Day, Year 11:35 p.m. 6-2-62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BRAZEAU TWP	20f. CITY, TOWN, OR LOCATION COUNTY STATE PERRY COUNTY (BRAZEAU TWP) MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Emmanuel		22b. ADDRESS Perryville	22c. DATE SIGNED 6-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-3-1962	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
23d. LOCATION (City, town, or county) (State) Bethalto Ill.		24. FUNERAL DIRECTOR ADDRESS Spurg & Sons Perryville Mo.	
25. DATE RECD. BY LOCAL REG. 6-3-62		26. REGISTRAR'S SIGNATURE Joel Zollner	

JUN 14 1962

JUN 19 1962

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 _____
Signature of Student Embalmer

Signed Wallace Young

Not Embalmed.

Licensed Embalmer No. 4027

P. O. Address Perryville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.