

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-034054

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 153

FILED OCT 2 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Cass</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Garden City</u> Length of stay in 1b <u>1 month</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u></p> <p>c. CITY OR TOWN <u>Wellington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>Augustine Pauline Gooseman</u></p> <p>4. DATE OF DEATH Month Day Year <u>Sept 24 1962</u></p>	
<p>5. SEX <u>Female</u></p> <p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>7/1/1886</u></p> <p>9. AGE (last birthday) <u>76</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>None</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>PARIS, FRANCE</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>NAT. U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>August Bordon</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>HENRY GOOSEMAN</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NO</u></p>	<p>16. SOCIAL SECURITY NO. <u>NONE</u></p> <p>17. INFORMANT <u>John Gooseman</u> Address <u>Garden City, Mo</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Presumed to be Natural Cause</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Had been doctoring for High Blood Pressure</u></p> <p>DUE TO (c) <u>Cause notified and investigated</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>found dead in bed by son</u></p>
<p>20c. TIME OF INJURY Hour a.m. <u>3:00</u> Month, Day, Year <u>9-24-62</u></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at Sons Home</u></p> <p>20f. CITY, TOWN, OR LOCATION <u>Garden City</u> COUNTY <u>Cass</u> STATE <u>MO</u></p>
<p>21. I attended the deceased from _____ to _____ and last saw him/her alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Ray J. Sebes, L Registrar</u></p>	<p>22b. ADDRESS <u>Harrisonville Mo</u></p> <p>22c. DATE SIGNED <u>9-24-62</u></p>
<p>23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Reburial</u></p> <p>23b. DATE <u>9/24/62</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>City</u></p>	<p>23d. LOCATION (City, town, or county) <u>Wellington, Mo.</u></p>
<p>24. FUNERAL DIRECTOR <u>H.C. Sheppard</u> ADDRESS <u>Wellington Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>9-24-62</u></p> <p>26. REGISTRAR'S SIGNATURE <u>Ray J. Sebes</u></p>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

J. Clair Shippard

Licensed Embalmer No. 4139

P. O. Address W. Kington, 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.