

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21904**

FILED JUN 30 1953

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

| | | | | | | | | | |
|---|--|--|--------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>298</u> | | | |
| 1. PLACE OF DEATH a. COUNTY JASPER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JASPER | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | | c. LENGTH OF STAY (in this place) 04 0 | | c. CITY OR TOWN Joplin | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0.5 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 704 N. HARLEM | | | | e. STREET ADDRESS (If rural, give location) 704 N. HARLEM. | | | | | |
| 3. NAME OF DECEASED a. (First) GRACE E (Type or Print) | | | b. (Middle) TANDO | | | c. (Last) _____ | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 6-23-53 | | 5. SEX FEMALE | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | | |
| 8. DATE OF BIRTH 7/9/1890 | | 9. AGE (In years) 63 If born: Months _____ Days _____ Hours _____ Mins _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE DUTY | | 10b. KIND OF BUSINESS OR INDUSTRY SAME | | | |
| 11. BIRTH PLACE (City, State or Foreign Country) EUREKA SPRING ARK | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME ISRAEL GOOSEMAN | | 13b. MOTHER'S MAIDEN NAME SMINTHIA SHINLEY | | | |
| 14. NAME OF HUSBAND OR WIFE JESSE TANDO | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Jesse Tando ADDRESS 704 N. Harlem | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis Heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Trivial cerebral hemiplegia | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 1 year | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4200 | | | |
| 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from Jan 1950 , to June 23 1953 , that I last saw the deceased alive on Jan 22, 1953 , and that death occurred at 4:24 p.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE G. A. Schulte (Degree or title) _____ | | 23b. ADDRESS 421 Frisco Bldg, Joplin, Mo | | 23c. DATE SIGNED 6/23/53 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6/24/53 | | 24c. NAME OF CEMETERY OR CREMATORY OZARK MEM. JOPLIN | | 24d. LOCATION (City, town, or county) (State) MO | | | |
| DATE REC'D BY LOCAL REG. 6-24-53 | | REGISTRAR'S SIGNATURE _____ | | F. FUNERAL DIRECTOR'S SIGNATURE GLOVER MORTUARY ADDRESS _____ | | | | | |

RECEIVED 6-29-53
Jasper County Health Office

County File Number 53-6-558

Date Filed 6-29-53

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 *Paul Glover*.....

Licensed Embalmer No. 458

P. O. Address *Joplin*.....

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.