

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10753**

#XC 16 782 703
Reg. #116692
FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 730

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS, MO.		c. CITY OR TOWN HULL	
c. LENGTH OF STAY (In this place) 41 DAYS		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 8120 8	

3. NAME OF DECEASED (Type or Print)	a. (First) JESSE	b. (Middle) E.	c. (Last) GOOLSBY	4. DATE OF DEATH (Month) (Day) (Year) 3-20-54
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5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 8-13-93	9. AGE (In years last birthday) 60 YRS	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and State or Foreign Country) SCOTTSVILLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN GOOLSBY	13b. MOTHER'S MAIDEN NAME MINERVA GRIDER	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 325-18-6873	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-RESPIRATORY FAILURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MULTIPLE MYELOMATOSIS & ARTERIO-SCLEROTIC HEART DISEASE 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 203X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-4, 1954, to 3-20, 1954, and that death occurred at 6:30p m., from the causes and on the date stated above.

23a. SIGNATURE Charles H. Sparks M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO.	23c. DATE SIGNED 3-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-22-54	24c. NAME OF CEMETERY OR CREMATORY Hannibal Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 3/22/54	REGISTRAR'S SIGNATURE Herbert R. Tomke MA	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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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 Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *E. J. Remelius*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.