

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11418**

FILED APR 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **159**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>124 Albert St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b>		b. (Middle) <b>Eugene</b>	
		c. (Last) <b>Goehman, Jr.</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 6-1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Dec. 11-1944</b>
9. AGE (In years last birthday) <b>9</b>		10. MONTHS <b></b>	11. DAYS <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>Oscar Goehman</b>		13b. MOTHER'S MAIDEN NAME <b>Verna H. Goehman Duncan</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Oscar Goehman, Cape Girardeau, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive intracranial injury</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Massive skull fracture</b>		<b>48 hours</b>	
DUE TO (c) <b>Fractured 1st &amp; 2nd Cervical Vertebrae</b>		<b>48 hours</b>	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 61</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cape Girardeau (Cape Gir) Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 4, 1954 3:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Struck by auto</b>			
22. I hereby certify that I attended the deceased from <b>4 April, 1954</b> , to <b>6 April, 1954</b> , that I last saw the deceased alive on <b>6 April, 1954</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. Sheehan, M.D.</b>		23b. ADDRESS <b>Cape Girardeau, Mo.</b>	
23c. DATE SIGNED <b>7 Apr 54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 9, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Park</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>	
DATE REC'D BY LOCAL REG <b>4-14-54</b>		REGISTRAR'S SIGNATURE <b>L. C. Summers</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>L. J. Haman</b>		ADDRESS <b>Cape Girardeau Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed J. J. Herman

Licensed Embalmer No. 2663

P. O. Address Cape Girardeau 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 this body is not embalmed, fact should be so stated above.