

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23402

3197

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 60 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		47			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 611 WEST 33RD. STREET					
3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) C ONSTANT c. (Last) G OOSSENS			4. DATE OF DEATH (Month) (Day) (Year) 7 22 49						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 26--1881			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BELGIUM		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME CONSTANT GOOSSENS			13b. MOTHER'S MAIDEN NAME MARY PAUWELS			14. NAME OF HUSBAND OR WIFE JOSIMA GOOSSENS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 495-24-4299		17. INFORMANT'S SIGNATURE OR NAME MRS. JOSIMA GOOSSENS--611 W. 33RD.			ADDRESS	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				4301	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolism of both legs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Complete atherosclerosis of aorta					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) Laura City Jackson Mo					
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?					
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>48</u> , to <u>July 22, 1949</u> , that I last saw the deceased alive on <u>July 21, 1949</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE W.P. Gist M.D.				23b. ADDRESS 2950 Victoria St		23c. DATE SIGNED July 24 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-25-49		24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI.			
DATE REC'D BY LOCAL REG. 7-24-49		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE J. F. Donaldson		ADDRESS 3256 BROADWAY			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Park G. Rowe

Licensed Embalmer No. 7347

P. O. Address R. E. 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.