

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1162

190

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit	
c. LENGTH OF STAY (in this place) 23 Days		d. STREET ADDRESS (If rural, give location) 22 West 3rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Millie b. (Middle) _____ c. (Last) Goldsworthy			4. DATE OF DEATH (Month) (Day) (Year) 1 14 50		
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 23 1873		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Chicago Ill	
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No				16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME W.R. Goldsworthy				ADDRESS Lee's Summit Mo.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE W.R. Goldsworthy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.R. Goldsworthy	
				ADDRESS Lee's Summit Mo.	

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		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure			ANTECEDENT CAUSES			12. CITIZEN OF WHAT COUNTRY? USA		
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.			DUE TO (b) Accumulation of abdomen			12. CITIZEN OF WHAT COUNTRY? USA		
			DUE TO (c) Ca of Colon's melanoma			12. CITIZEN OF WHAT COUNTRY? USA		
19a. DATE OF OPERATION no			19b. MAJOR FINDINGS OF OPERATION no			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **1-7**, 19**50**, to **1-14**, 19**50**, that I last saw the deceased alive on **1-13**, 19**50**, and that death occurred at **3:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE John T. Skinner (Degree or title) John T. Skinner DMD		23b. ADDRESS 1102 Reed		23c. DATE SIGNED 1-14-50	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 1/15/1950		24c. NAME OF CEMETERY OR CREMATORY Elm Lawn Cem.	
				24d. LOCATION (City, town, or county) (State) Chicago Ill	

DATE REC'D BY LOCAL REG. 1-14-50		REGISTRAR'S SIGNATURE Sheraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE W.B. Longstreet		ADDRESS Lee's Summit Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 15 1956

STATEMENT BY LICENSED EMBALMER

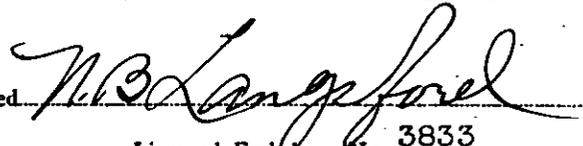
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3833

P. O. Address Lee's Summit Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.