

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43394

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3938</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 months</u>		d. STREET ADDRESS (If rural, give location) <u>12 East 80th Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		e. CITY OR TOWN <u>Kansas City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leggie</u> b. (Middle) <u>Rola</u> c. (Last) <u>Good</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb 23 - 1875</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Ira Vian</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Carson</u>	14. NAME OF HUSBAND OR WIFE <u>O.W. Good (Deceased)</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fona Kellogg</u> ADDRESS <u>12 E. 80th Terrace, KC, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>	DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Senility</u>			<u>4-90-35</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left hip</u>		<u>7 days</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>Vernon</u> , (STATE) <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 16 - 1950</u> m. <u>3:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from chair</u>

22. I hereby certify that I attended the deceased from Dec 16, 1950, to Dec 24, 1950, that I last saw the deceased alive on Dec. 23, 1950, and that death occurred at 2:35 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Boteler, M.D.</u>	23b. ADDRESS <u>State Hosp. #3 Nevada, Mo.</u>	23c. DATE SIGNED <u>12/24/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	24b. DATE <u>Dec. 24 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county), (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 24 - 50</u>	REGISTRAR'S SIGNATURE <u>Rathbone H. Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine M. Blaine</u> ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 157-26

Date Filed 1-4-51

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 A. J. Allen.....

Licensed Embalmer No. 1415.....

P. O. Address Kansas City, 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.