

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1135
Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2418 Cleveland - 3360</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At her home</u>								
3. NAME OF DECEASED (First) <u>Eva Leva Goodbar</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 30 1912</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days <u>24</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Udeon Rader</u>			13b. MOTHER'S MAIDEN NAME <u>No record</u>		14. NAME OF HUSBAND OR WIFE <u>Ed. Goodbar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bliss VanSandt Archie Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiac Failure</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Renal dis ease & Hypertension</u> DUE TO (c) <u>Viral Pneumonia</u>					Unknown <u>3 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.							<u>442X</u>	
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)		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) (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>Nov 21, 1950</u> , to <u>Jan 4, 1951</u> , that I last saw the deceased alive on <u>Dec 31, 1950</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Orval T. Needles</u> (Degree or title) <u>Orval T. Needles MD</u>				23b. ADDRESS <u>7400 Norwalk K.C. Mo</u>		23c. DATE SIGNED <u>Jan 4, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Near Adrian Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson</u>		ADDRESS <u>Archie Mo</u>		

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 *Floyd Atkinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

No.