

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14195**
1739

BIRTH MONTH **APR 16 1953**

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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150	
c. LENGTH OF STAY (in this place) 2Weks		d. STREET ADDRESS (If rural, give location) 1613 Southwest Blvd. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Isabell c. (Last) Goebel			4. DATE OF DEATH (Month) (Day) (Year) March 29 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 1, 1897		9. AGE (In years last birthday) 55		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Sioux City, Iowa	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Chas. Randall		13b. MOTHER'S MAIDEN NAME Elinore McGraw		14. NAME OF HUSBAND OR WIFE Edward Goebel	
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. 491-32-5962		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Goebel, 1613 Southwest Blvd' KCK.	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calice thrombosis with intestinal gangrene ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 6 days 3 weeks 3 months 466x
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3/23/53		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction - partial thrombosis			20. AUTOPSY? YES <input checked="" 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)		
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 **1/5, 1953, to 3/29, 1953**, that I last saw the deceased alive on **March 29, 1953**, and that death occurred at **12:45 PM** from the causes and on the date stated above.

23a. SIGNATURE Edward H. Klein MD (Degree or title) MD		23b. ADDRESS Kansas City, Missouri		23c. DATE SIGNED 3/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 3-30-53		REGISTRAR'S SIGNATURE Deraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joseph A. Butler's Sons, Kansas City, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

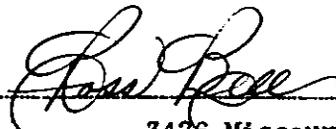
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City, Kansas

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.