

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31804**
4637

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4637

1. PLACE OF DEATH a. COUNTY <u>Jackson</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) OR TOWN <u>Kansas City mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, mo</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3717 Tracy ave</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>		e. ADDRESS <u>53</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr Robert</u> (Middle) <u>Crowley</u> (Last) <u>Goodman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 9 1884</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lauson Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Customs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lauson Missouri</u>	

13a. FATHER'S NAME <u>Moses L Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>Bermelia J Crowley</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Lee Goodman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-22-1122</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Goodman</u> ADDRESS <u>3717 Tracy</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Fracture of skull with left sub-dural Hematoma, Bi lateral Sub-arachnoid Cerebral and interstitial Hemorrhage</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull with left sub-dural Hematoma, Bi lateral Sub-arachnoid Cerebral and interstitial Hemorrhage</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Sub-arachnoid Cerebral and interstitial Hemorrhage</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>interstitial Hemorrhage</u>		DUE TO (d) <u>Pulmonary interstitial Hemorrhage</u>	
11. OTHER SIGNIFICANT CONDITIONS <u>Fracture of nose</u>		Conditions contributing to the death but not related to the disease or condition causing death.		36	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-21-53 5:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Sludged by street car</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Keelhofer MD</u> (Degree or title)		23b. ADDRESS <u>2050 S. Washington St. Kansas City, Mo</u>		23c. DATE SIGNED <u>9-25-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lauson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lauson Missouri</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Lauson Cemetery</u>		24f. LOCATION (City, town, or county) (State) <u>Lauson Missouri</u>	

DATE REC'D BY LOCAL REG. <u>9-26-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Warnall</u> ADDRESS <u>K.C. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

LED OCT 15 1953

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.