

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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 Vernon	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 3yrs	c. CITY OR TOWN Sheldon
d. FULL NAME OF HOSPITAL OR INSTITUTION Violets Nursing Home 2800 East 10th St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Star Route		1080	

3. NAME OF DECEASED (Type or Print) James Ira Goodfellow		4. DATE OF DEATH June 11, 1954	
a. (First)	b. (Middle)	c. (Last)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan. 1, 1867
9. AGE (In years last birthday) 87		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME John Goodfellow	13b. MOTHER'S MAIDEN NAME Martha -	14. NAME OF HUSBAND OR WIFE Alice Goodfellow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME M.D. Starkey ADDRESS I866 Farrow Kansas City Kan.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		3yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		3yrs
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 5-3-54, 1954, to 6-11-54, 1954, that I last saw the deceased alive on 6-10-54, 1954, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurencz	23b. ADDRESS MD 428 South White Ave	23c. DATE SIGNED 6-11-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-11-54	24c. NAME OF CEMETERY OR CREMATORY Sheldon
24d. LOCATION (City, town, or county) Sheldon Mo.		(State)

DATE REC'D BY LOCAL REG. 6-11-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City Mo.
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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.....
Signature of Student Embalmer

Signed..... *Joe B. Yoder*
Licensed Embalmer No. *4172*
P. O. Address *H. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.