

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40948**
Registrar's No. **5901**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5901</u>			
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 town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 8/50			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				STREET ADDRESS (If rural, give location) 2318 South Early					
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) Edward			c. (Last) Goodell			
4. DATE OF DEATH (Month) (Day) (Year) December 26, 1954			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH February 16, 1916			9. AGE (In years last birthday) 38			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10b. KIND OF BUSINESS OR INDUSTRY Plumbing			11. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME George Goodell			13b. MOTHER'S MAIDEN NAME Minnie Taylor			
14. NAME OF HUSBAND OR WIFE Irene May Goodell			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 509-16-1761			
17. INFORMANT'S SIGNATURE OR NAME Official Records-VA Hospital, K.C., Mo.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Adeno-carcinoma cardia of stomach with metastasis			INTERVAL BETWEEN ONSET AND DEATH 9 months			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			151X			
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) VA		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 October 28, 1954 , to December 26, 1954 , that I was with the deceased at the time of death and that death occurred at 12:55am , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. J. RICHARDSON, M. D.				23b. ADDRESS VA Hospital, K.C., Mo.		23c. DATE SIGNED 12-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-28-54		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 12-26-54		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home-Kansas City, Kan.					

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 *Eugene Shelton*
Licensed Embalmer No. 4700

P. O. Address *Kansas City*

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.