

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **555**  
**262**

BIRTH NO. _____		REG. DIST. NO. <b>393</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>CLAY</b> <b>5008</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <b>KANSAS CITY NORTH</b>		c. LENGTH OF STAY (In this place) <b>8 YRS</b>		c. CITY OR TOWN <b>KANSAS CITY NORTH</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6000 BIRMINGHAM Rd. ST. LO.</b>				STREET ADDRESS (If rural, give location) <b>6000 BIRMINGHAM Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>Edwin</b>		c. (Last) <b>Goodrich</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 19 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Mar 22, 1881</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED Chief Clerk K.C. Southern</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>FORESTVILLE TENN.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>FORESTVILLE TENN.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		13a. FATHER'S NAME <b>William Goodrich</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Dollins</b>		14. NAME OF HUSBAND OR WIFE <b>ONA Goodrich</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ONA Goodrich 6000 Birmingham</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>	
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 _____, 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 <b>D. S. Pate</b> O. S. M. D. <b>3</b> (Degree or title)				23b. ADDRESS <b>North Kansas City Mo.</b>		23c. DATE SIGNED <b>1/20/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-22-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>1-20-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minnabell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. Newcomer Law N. K. C. Mo.</b>			

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

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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..... *Glenn H. Hill*

Licensed Embalmer No. 450

P. O. Address... K.C. 16, .....

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.