

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13262

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1366

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MISSOURI b. COUNTY BUCHANAN		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN ST. JOSEPH		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 VETERANS ADMINISTRATION HOSPITAL			e. STREET ADDRESS (If rural, give location) 306 1/2 EDMOND		
3. NAME OF DECEASED a. (First) OTTO		b. (Middle) RAYMOND	c. (Last) GOODPASTER		4. DATE OF DEATH March 28, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH August 6, 1902		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Stonewall Goodpaster		13b. MOTHER'S MAIDEN NAME Amanda Bell Smith	14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WWII 498 24 6828	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, RML & RUL		INTERVAL BETWEEN ONSET AND DEATH*
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Hepatoma, massive, liver, Primary			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		155+
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m. 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 March 24, 1956, to March 28, 1956 and that death occurred at 10:20 P.M., from the causes and on the date stated above.					
23a. SIGNATURE J. A. TURNER, M.D.			23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 3/29/56
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAR 30-1956	23c. NAME OF CEMETERY OR-CREMATORY TURNER CEMETERY		23d. LOCATION (City, town, or county) (State) ST. JOSEPH MISSOURI
DATE REC'D BY LOCAL REG. 3-30-56		REGISTRAR'S SIGNATURE neva mindall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer 1331-Brush Creek Kansas City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1958

MAY 1 1958

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 *John B. Lee*.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.