

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20506

State File No. 2279

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2279</u>	
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>			
d. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>34 yr</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				STREET ADDRESS (If rural, give location) <u>3439 Michigan 3540</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Goldsmith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-56</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spouse) <u>married</u>	8. DATE OF BIRTH <u>9-14-21</u>		9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Maddox</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Heaver</u>		14. NAME OF HUSBAND OR WIFE <u>Chris R Goldsmith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-22-4701</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chris R Goldsmith 3439 Mich 10</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>ADENOCARCINOMA OF BREAST</u>				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Adenocarcinoma of breast</u>			
				ANTECEDENT CAUSES Morbidity 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.		<u>170X</u>	
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) <u>Kansas City Jackson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>7/4</u> 19 <u>50</u> , to <u>5/23/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/23</u> , 19 <u>56</u> , and that death occurred at <u>11:30 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard L. Lehner</u> (Degree or title) D				23b. ADDRESS <u>1103 Grand Kansas City Mo</u>		23c. DATE SIGNED <u>5/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City</u>	
DATE REC'D BY LOCAL REG. <u>5-24-56</u>		REGISTRAR'S SIGNATURE <u>Nevo Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hill Men Chapel KC MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *D Ross Blanford*

Licensed Embalmer No. *401*

P. O. Address *KCK*

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.