THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4725
STATE FILE NUMBER

FILED MAR 13 1957 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 884

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 EAST 31ST TERRACE — Length of stay in 1b 5 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 617 WEST 63RD STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NELLIE Middle HESTER Last GOODSON
4. DATE OF DEATH Month Day Year FEBRUARY 22 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH MAY 14 1875
9. AGE (In years last birthday) 81 — 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (City and state or country) CARROLL COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FRANCIS MOSS BARGER
14. MOTHER'S MAIDEN NAME ANN TAYLOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS. MARION SLATER — Address 617 WEST 63RD ST. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion, acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-31-47 to January 1957 and last saw her/him alive on Feb. 22 1957
Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Perry (Degree or title) M.D.
22b. ADDRESS 4800 East 24th Street
22c. DATE SIGNED 2-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 25 1957
23c. NAME OF CEMETERY OR ~~CREMATORY~~ FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 2-25-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Ralph Perry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 48

P. O. Address K.C.

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.