

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8685

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1020

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>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haven Manor Nursing Home</u>		Length of stay in <u>15 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>608 West 35th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle ----- Last <u>Goodwin</u>			4. DATE OF DEATH Month <u>March</u> Day <u>3</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 28, 1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____ 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 <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William Britton</u>			14. MOTHER'S MAIDEN NAME <u>no record</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Fay Goodwin, daughter, K.C. Mo.</u>		
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) <u>Bronchial Pneumonia</u>					<u>3 Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Arteriosclerosis Generalized</u>					<u>10 yrs</u>
DUE TO (c) _____					<u>4 1/2</u>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>6-11-55</u> to <u>Mar 3-57</u> and last saw her alive on <u>Mar 3-57</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. D. Bennett MD</u> (Degree or title)			22b. ADDRESS <u>409 E 63rd K.C. Mo</u>	22c. DATE SIGNED <u>3-4-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-5-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>	23d. LOCATION (City, town, or county) <u>Shawnee, Kansas</u>		(State)
24. FUNERAL DIRECTOR <u>Gates Funeral Home, Kans. City, Kan.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-5-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. D. Bennett

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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(Licensed Embalmer's Statement on Reverse Side)

Mr J. H. Bennett
409 East 63rd
Erie 1-0660

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.....*Murray Wilson*

Licensed Embalmer No.49

P. O. Address.....*Shawnee*

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.