

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009955
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1081

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in lb 56 years	d. STREET ADDRESS (If outside, give location) 3528 Indiana Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joe L Goodfellow			4. DATE OF DEATH Month Day Year Feb. 26, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-21-96
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Contractor		10b. KIND OF BUSINESS OR INDUSTRY Self.	11. BIRTHPLACE (City and state or country) Sedalia, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joe L. Goodfellow	
13b. MOTHER'S MAIDEN NAME Betty McGee		14. NAME OF HUSBAND OR WIFE Ruby Goodfellow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487 -05-9214	17. INFORMANT Address Ruby Goodfellow 3528 Indiana
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary thrombosis DUE TO (c) Atherosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CVA - 8 hours.			INTERVAL BETWEEN ONSET AND DEATH 2 days. 2 days. 4 2/3
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.) 2		20c. TIME OF INJURY Hour Month, Day, Year 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 1956 to 2-26-58 and last saw her alive on 2-26-58 . Death occurred at 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William Lowe Mundy M.D.		22b. ADDRESS 1103 Grand	
22c. DATE SIGNED 2-26-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Mar 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt Mishal Cem	
23d. LOCATION (City, town, or county) Kansas City, Mo		(State)	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS K. C. Mo	
25. DATE RECD. BY LOCAL REG. 2-28-58		26. REGISTRAR'S SIGNATURE Ivea Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

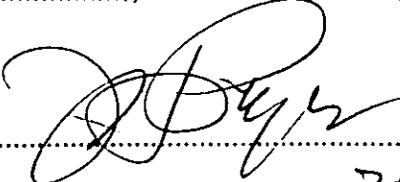
All diseases in Part I must be causally related.
William Lowe Mundy

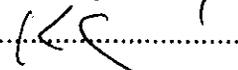


STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2999
P. O. Address 

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.