

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018200

STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2609

S. 300
7-1-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay					
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 Kearney 6000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Length of stay in ^{1b} 2 wks		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First SARAH Middle L Last GOOCH				4. DATE OF DEATH Month May Day 21 Year 1958					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 4, 1882		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days 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 none		11. BIRTHPLACE (City and state or country) Clay County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Douglas			13b. MOTHER'S MAIDEN NAME Virginia Creek			14. NAME OF HUSBAND OR WIFE Walter Gooch			
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. 497-26-0315		17. INFORMANT Address Lloyd Kelly, Kearney, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis							1 hr.		
DUE TO (c) Arteriosclerosis							with many		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4:21							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, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <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 3-5-58 to 5-21-58 and last saw her alive on 5-21-58 Death occurred at 10:10 Pm on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Walter W. Cummins M.D.				22b. ADDRESS 16129rd. Bldg. K.C. Mo			22c. DATE SIGNED 5-23-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-21-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet			23d. LOCATION (City, town, or country) Kearney, Mo.		(State)	
24. FUNERAL DIRECTOR Fry Funeral Home, Kearney, Mo.				25. DATE RECD. BY LOCAL REG. 5-23-58		26. REGISTRAR'S SIGNATURE Neve Marshall			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Walter W. Cummins USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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 *Linnell Jansen*

Licensed Embalmer No. *4589*
P. O. Address *Excelsior Springs, Mo.*

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.