

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043298
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1408

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 0117	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sister's Hosp.		d. STREET ADDRESS (If outside, give location) 1814 Ashland Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last James FRANCIS GOLDRICK			4. DATE OF DEATH Month Day Year Dec. 30. 1958.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 2. 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Gas Distributor Phillips Oil Co	10b. KIND OF BUSINESS OR INDUSTRY Phillips Oil Co	11. BIRTHPLACE (City and state or country) Badwood S. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James F. Goldrick	13b. MOTHER'S MAIDEN NAME Elizabeth Crane	14. NAME OF HUSBAND OR WIFE Deceased
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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.	17. INFORMANT Address Chas. J. Goldrick, 1814 Ashland St. St. Joseph Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE LEFT CEREBRAL INFARCT		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b). PASSIVE CONGESTIVE FAILURE	2 YRS.
	DUE TO (c) HEART FAILURE	2 YRS.
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? 332X YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from JAN 1958 to DEC 30. 1958 and last saw her alive on DEC 29 1958 . Death occurred at 4 PM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) John T. Rogers M.D.	22b. ADDRESS 3071 Kuykendall St. St. Joseph Mo	22c. DATE SIGNED 12/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Jan. 2-59	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Cameron Mo.
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24. FUNERAL DIRECTOR DeMoss Crunk	ADDRESS Cameron Mo.	25. DATE RECD. BY LOCAL REG. Jan 2, 1959	26. REGISTRAR'S SIGNATURE Mr. Charles Handell
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. No symptoms will be listed.

Dr. John T. Rogers
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JAN 30 1959

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 *De Moss Crunk*

Licensed Embalmer No. *2533*
P. O. Address *Camden 7118*

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.