

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001311

STATE FILE NUMBER
218

Registration District No. 149 Primary Registration District No. 1002 Registrar No.

FILED JAN 28 1959

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1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp</i>		d. STREET ADDRESS <i>714 1/2 Truman Rd</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>GLEN HENRY GOODE</i>		4. DATE OF DEATH Month Day Year <i>1-10-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-30-1915</i>
9. AGE (In years less birthday) <i>43</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Cook</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Kans. Usa</i>
12. CITIZEN OF WHAT COUNTRY? <i>Usa</i>		13. MOTHER'S MAIDEN NAME <i>Maud Bradfield</i>	
14. NAME OF HUSBAND OR WIFE <i>Freda Goode</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>571-01-2294</i>		17. INFORMANT <i>Hubert Goode</i> Address <i>214 Gayhill</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Of emphysema & stroke</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Ruptured esophageal varices</i> DUE TO (c) <i>Carbolic Poison</i>			INTERVAL BETWEEN ONSET AND DEATH
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? 1 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.)	
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bruce Keithon</i> (Degree or title)		22b. ADDRESS <i>6627 Grand St</i>	
22c. DATE SIGNED <i>1-11-59</i>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>1-15-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Washington</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
24. FUNERAL DIRECTOR <i>Marantino Bros Ke Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-13-59</i>	26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Geo. C. Kealhofer



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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 *Ronald Prossantino*

Licensed Embalmer No. 4554

P. O. Address Kemo

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.