

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005615

STATE FILE NUMBER

612

FEB 19 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300  
-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 NORTH KANSAS CITY 6001 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION A HOSPITAL		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) 340 N. WHITMAN Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle T. Last HOLYBEE			4. DATE OF DEATH Month January Day 29, Year 1959
5. SEX Male	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 August 24, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman, retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Holybee		13b. MOTHER'S MAIDEN NAME Molly O'Dell	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If yes, give year or years of service) YES WWI		16. SOCIAL SECURITY NO. 496-05-1563	17. INFORMANT VA Hospital Official Records, K. C. Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction with cardiac arrest DUE TO (b) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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. Attended the deceased from January 24, 1959 to January 29, 1959 Death occurred at 10:40 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles E. Andrews, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 1-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-29-59	23c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY	23d. LOCATION (City, town, or county) (State) PLATTE CITY, Mo.
24. FUNERAL DIRECTOR ROLLINS & MITCHELL, PLATTE CITY, Mo.		25. DATE RECD. BY LOCAL REG. 2-2-59	26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Roland M. Goffee*

Licensed Embalmer No. *4725*  
P. O. Address *Platte City, 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.