

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006022

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (Outside corporate limits, give TOWNSHIP only) OR TOWN Downtown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Prairie Village
c. FULL NAME OF HOSPITAL OR INSTITUTION 6100 Ditzler		Length of stay in lb 2 months	d. STREET ADDRESS (If outside, give location) 4908 W. 77th
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Maud Gossett Addington			4. DATE OF DEATH Month Day Year 2-6-1959		
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5. SEX Female	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 April 4-1884	9. AGE (In years at birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Indy Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin G. Gossett	13b. MOTHER'S MAIDEN NAME Mary D. Carter	14. NAME OF HUSBAND OR WIFE Carl Addington
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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. A1201	17. INFORMANT Alfred Addington	Address Prairie Village Kansas
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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) Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH sudden
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Generalized and Cerebral Arteriosclerosis
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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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1954 to Feb. 6, 1959 and last saw her alive on Feb. 6, 1959
Death occurred at 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Goswin M.D.	22b. ADDRESS 701 East 63rd, St.	22c. DATE SIGNED 2-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-9-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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24. FUNERAL DIRECTOR C. H. Beckman + Son Inc. KC Mo.	25. DATE RECD. BY LOCAL REG. 2-9-59	26. REGISTRAR'S SIGNATURE James J. Tracy
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *W.C. Payne*

Licensed Embalmer No. *4899*

P. O. Address *A.C. 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.