

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009411

STATE FILE NUMBER 1156

FILED MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1156

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1. PLACE OF DEATH a. COUNTY J. JACKSON JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CCITY
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION K. C. CONVALSCENT 3200 NORLEDGE		Length of stay in 1b 80 YEARS	d. STREET ADDRESS (If outside, give location) 6620 EAST 16th. TERR. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM FRANKLIN GOE			4. DATE OF DEATH Month Day Year FEBRUARY 28, 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 SEPT. 19, 1876
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER		10b. KIND OF BUSINESS OR INDUSTRY OWN SHOP	11. BIRTHPLACE (City and state or country) SHELBYVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHN GOE	
13b. MOTHER'S MAIDEN NAME LOUISE GROVE		14. NAME OF HUSBAND OR WIFE GERTRUDE GOE	
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. 486-10-237	
17. INFORMANT TOM A. GOE		3615 NORLEDGE PLACE KANSAS CITY, MISSOURI	
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>Arteriosclerotic Degeneration both legs</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Branches</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 weeks when</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <i>1951</i> to <i>2-28-59</i> and last saw him alive on <i>2-22-59</i> . Death occurred at <i>4:45 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. A. Kienberger</i>		22b. ADDRESS <i>5246 St. John</i>	
22c. DATE SIGNED <i>3/2/59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MARCH 3, 1959		23c. NAME OF CEMETERY (or crematorium) CALVARY CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		24. FUNERAL DIRECTOR 1331 BRUSH CREEK BLVD. D. W. NEWCOMER'S SONS-K. C., MO.	
25. DATE RECD. BY LOCAL REG. 3-3-59		26. REGISTRAR'S SIGNATURE <i>Heva Marshall</i>	

MEDICAL CERTIFICATION  
P. A. Kienberger USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *James W. Hanson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *D.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.