

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021379

FILED JUN 24 1959

STATE FILE NUMBER 2901  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2901

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		Length of stay in Ib. <b>69 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>1328 E. Armour</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Frederick C. Goelz</b>			4. DATE OF DEATH Month Day Year <b>6th 13th 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-10-90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat</b>	9. AGE (In years last birthday) <b>69 yrs</b> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS: Hours Min.
11. BIRTHPLACE (City and state or country) <b>K.C., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Fred Goelz</b>		13b. MOTHER'S MAIDEN NAME <b>Emilie J. Wolz</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 7-19-17 to 5-13-18</b>		16. SOCIAL SECURITY NO. <b>495093896</b>	17. INFORMANT <b>V.A. Hospital Records, K.C., Mo.</b> 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) <b>Pulmonary edema</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cirrhosis of the liver</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>581C</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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. I attended the deceased from <b>May 4, 1959</b> to <b>June 13, 1959</b> and last saw her alive on _____ Death occurred at <b>8:05 a</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Andrew J. Randolph</i> (Degree or title) <b>MD</b>		22b. ADDRESS <b>V.A. Hospital, Kansas City, Mo</b>	22c. DATE SIGNED <b>6-13-59</b>
23a. BURIAL, CREMATION, RECOVERY (Specify) <b>Burial</b>	23b. DATE <b>6-16-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
24. FUNERAL DIRECTOR <b>Wagners Funeral Home, K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-59</b>	26. REGISTRAR'S SIGNATURE <i>Neva Minchell</i>

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Andrew J. Randolph

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 *Alvin B. Hausch* .....

Licensed Embalmer No. *H 159* .....  
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.