

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021385

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2743

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I6I2 E 26		Length of stay in lb 8 yrs	d. STREET ADDRESS (If outside, give location) I6I2 E 26
3. NAME OF DECEASED (Type or print) First Mazie Middle Lee Last Goodwin		4. DATE OF DEATH Month 5 Day 30 Year 59	
5. SEX Fe	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/2/28
9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 3 Days 1	IF UNDER 24 HRS. Hours 3 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fry Cook		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) Cotton Plant Ark
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Houard Hart	
13b. MOTHER'S MAIDEN NAME Alberta Gregwar		14. NAME OF HUSBAND OR WIFE Marcus Goodwin	
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. 410-40-2739	17. INFORMANT Carri eDuncan 909 W 2I
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhagic Shock		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple Penetrating Gun			
DUE TO (c) Shot Wounds of Abdomen.			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) don't know	
20c. TIME OF INJURY Hour 9:30 Month, Day, Year p.m. 5/30/1959			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1612 E 26	
		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo	
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 L. M. Tillman		22b. ADDRESS 1618 Lydia Ave	
		22c. DATE SIGNED 6/1/59	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 6/5/59	
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) Kansas City Mo	
24. FUNERAL DIRECTOR Manlove Williams		25. DATE RECD. BY LOCAL REG. 6-4-59	
ADDRESS I729 Lydia		26. REGISTRAR'S SIGNATURE Neva Marshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

300
1-57

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. Raymond Williams*

Licensed Embalmer No. *46317*

P. O. Address *25 P*

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.