

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036188

FILED VS OCT 16 1959

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4790

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 weeks		c. CITY OR TOWN Bethany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First SIDNEY Middle ARTHUR Last GOODWIN			4. DATE OF DEATH Month Oct. Day 4 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 Aug. 8, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) Ridgeway, Missouri		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary L. Goodwin dec.						
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. —		17. INFORMANT Address Garland Goodwin 9400 Madison, K, C, Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Leptos intestinal Hemorrhage</u> DUE TO (b) <u>Interstitial Hemorrhages</u> DUE TO (c) <u>Carcinoma of Pancreas & Metas.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>9-21-59</u> to <u>10-4-59</u> and last saw her alive on <u>10-4-59</u> Death occurred at <u>7:55 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>PK Sullivan MD</u> (Degree or title)			22b. ADDRESS <u>4635 Ulyan St. Kansas City Mo</u>			22c. DATE SIGNED <u>10-5-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Morris Chapel Cemetery		23d. LOCATION (City, town, or county) Bethany Missouri						
24. FUNERAL DIRECTOR Geo. C. Carson & Sons Independence, Mo.			25. DATE RECD. BY LOCAL REG. 10-5-59	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
K. K. SKILLMAN

STATEMENT BY LICENSED EMBALMER

MAY 6 1960

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 _____

Licensed Embalmer No. 2082

P. O. Address _____

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.