

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036189**

**FILED VS. OCT 23 1959**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4893

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City Kansas</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K.C. General Hospital</b>		d. STREET ADDRESS (if outside, give location) <b>704 Miami</b>	
Length of stay in 1b <i>non Resident</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>James Lester Gosserand</b>			4. DATE OF DEATH Month <b>10</b> Day <b>11</b> Year <b>59</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>9/23/40</b>	9. AGE (last birthday) <b>19</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocer</b>		11. BIRTHPLACE (City and state or country) <b>Baton Rouge LA.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Landry Gosserand</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Howard</b>	
14. NAME OF HUSBAND OR WIFE <i>none</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Jos Gosserand 811 Quindaro K.C.K.</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) *massive subdural hemorrhage*

DUE TO (b) *adiposced skull*

DUE TO (c) \_\_\_\_\_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>car struck while</i>
20c. TIME OF INJURY Hour <b>1:00</b> a.m. Month, Day, Year <b>10-11-59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>street</i>
20f. CITY, TOWN, OR LOCATION <i>Drama City Jackson Mo</i>		COUNTY STATE

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 <i>W.C. Kealhofer</i>	(Degree or title)	22b. ADDRESS <i>6627 West 150th</i>	22c. DATE SIGNED <i>10-12-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-12-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>
24. FUNERAL DIRECTOR <i>Sabbato Funeral Home</i>	ADDRESS <i>801 E 5th St</i>	25. DATE RECD. BY LOCAL REG. <b>10-12-59</b>	26. REGISTRAR'S SIGNATURE <i>W.C. Kealhofer</i>

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION Kealhofer

**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 Forrest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address 100 W. 100

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.