

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000319

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <b>Missouri</b> COUNTY <b>Buchanan</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>Lifetime</b>		c. CITY OR TOWN <b>St. Joseph</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>Mo. Meth. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R#1 Bridleweath Farm</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Michael</b> Middle <b>Karl</b> Last <b>Goetz</b>				4. DATE OF DEATH Month <b>January</b> Day <b>17</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>May 23, 1909</b>		9. AGE (last birthday) <b>50</b>		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) <b>President</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>M.K. Goetz Brewing Co.</b>				11. BIRTHPLACE (City and state or country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Frank L. Goetz</b>				13b. MOTHER'S MAIDEN NAME <b>Lena Meierhoffer</b>				14. NAME OF HUSBAND OR WIFE <b>Nancy Goetz</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Yes</b>				16. SOCIAL SECURITY NO. <b>491-09-8856</b>		17. INFORMANT <b>Mrs. Nancy Goetz</b>		Address <b>St. Joseph, Mo.</b>					
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>Acute myocardial infarction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>90 mins</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)								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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>1/17/60</b> to <b>1/17/60</b> and last saw her <b>live</b> on <b>1/17/60</b> Death occurred at <b>1:48 A.</b> in on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>G.T. Carpenter MD</b>						22b. ADDRESS <b>902 Edmund</b>			22c. DATE SIGNED <b>1/21/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		23b. DATE <b>Jan. 19, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Mausoleum</b>				23d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>					
24. FUNERAL DIRECTOR <b>Mrs. J. Fleeman</b>					25. DATE RECD. BY LOCAL REG. <b>Jan. 22, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>						

DOCUMENT

BY AFFIDAVIT OF G.T. Carpenter, M.D. MEDICAL CERTIFICATION

MS 333 2 4 1960

JUL 28 1960

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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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert C. Kuring

Licensed Embalmer No. 325-8

P. O. Address H. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.