

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

60-001578

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 626 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 22 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2924 Olive			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 2924 Olive		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle FLOYD Last GOLDSBY				4. DATE OF DEATH Month 2- Day 2- Year 60					
5. SEX Male	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 3-15-1892	9. AGE (last birthday) 67 yrs	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Farmersville, Louisiana USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Sandy Goldsby			13b. MOTHER'S MAIDEN NAME Mattie Nelson			14. NAME OF HUSBAND OR WIFE Esther Goldsby			
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. 4-30-07-3534		17. INFORMANT Esther Goldsby 2924 Olive Wife			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Broncho Pneumonia							Few days		
DUE TO (b) Cerebral Thrombosis							several months		
DUE TO (c) Hypertensive Cardio Vascular Disease									
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 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 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 January 28, 1960 to February 2, 1960 and last saw him alive on February 2, 1960									
Death occurred at 12:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased or Wife) George H. Left, M.D.				22b. ADDRESS 2204 E. 18th Street				22c. DATE SIGNED 2/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-6-60	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge		23d. LOCATION (City, town, or county) (State) Kans. City, Missouri				
24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FUNERAL HOME 18th & Benton				25. DATE RECD. BY LOCAL REG. Feb. 3, 1960		26. REGISTRAR'S SIGNATURE Vera Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Go. H. Left

**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 Bruce R. Warkentin

Licensed Embalmer No. 4500

P. O. Address 18th & 2nd

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.