

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-010960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1303 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE MISSOURI b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 DAY	c. CITY OR TOWN LEETON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input 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 HARVEY Middle A. Last GOUCHER			4. DATE OF DEATH Month MARCH Day 3 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-96	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Stockton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs Mae Goucher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 9-19-18 to 5-2-19		16. SOCIAL SECURITY NO. 493-12-3858		17. INFORMANT Mrs Mae Goucher, Leeton, Mo. Address Official Records, VA Hospital, K.C., Mo.	

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) PULMONARY CONGESTION & EDEMA			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARDIAC HYPERTROPHY & DILATATION WITH FAILURE		
DUE TO (c) HYPERTENSIVE CARDIAC 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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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. attended the deceased from 3-1-60 to 3-3-60 and last saw her alive on 3-3-60
Death occurred at 12:25 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Turner M.D.		22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO.		22c. DATE SIGNED 3-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/3/1960	23c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery	23d. LOCATION (City, town, or county) (State) Leeton Missouri	

24. FUNERAL DIRECTOR D.E. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri		25. DATE RECD. BY LOCAL REG. 3-4-60	26. REGISTRAR'S SIGNATURE Neva Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **J. Turner**

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 Roger F. Fuller
Licensed Embalmer No. _____

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.