RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 5 1960

60-015335

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2153

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: 3 yrs

c. CITY OR TOWN Kansas City
Inside Limits: Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital
Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 318 E. 9th
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Peter Middle: J. Last: Goetz

4. DATE OF DEATH Month: 4th Day: 15th Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-7-89

9. AGE (last birthday): 71

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): Military

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (City and state or country): Victoria, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Joseph Goetz

13b. MOTHER'S MAIDEN NAME: KATHERINE GOETZ

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
If yes, give war or dates of service: WWI & WW2

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Joseph Goetz, Kansas City, Mo
Address: V.A. Hospital, Kansas City, 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) Right cerebral encephalomalacia

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

DUE TO (b) Thrombosis of right carotid artery

DUE TO (c) Atherosclerosis of the right carotid artery

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 April 1, 1960 to April 15, 1960 and last saw him on

Death occurred at 12:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard A. Gruenda (Degree or title) MD

22b. ADDRESS V.A. Hospital, Kansas City, Mo

22c. DATE SIGNED 4/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE APRIL 18, 1960

23c. NAME OF CEMETERY OR CREMATORY WADSWORTH CEM

23d. LOCATION (City, town, or county) (State) WADSWORTH KANSAS

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.

ADDRESS

25. DATE RECD. BY LOCAL REG. 4-18-60

26. REGISTRAR'S SIGNATURE Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Richard A. Gruenda

MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4421

P. O. Address K.C. M

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