

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019414

FILED VS JUN 6 1960

149 Primary Registration District No. 1002 Registrar's No. 2732

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b D. O. A.	c. CITY OR TOWN Mission		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4800 West 66th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Marie Middle Barbara Last Goodman			4. DATE OF DEATH Month May Day 16 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/29/1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker -AT HOME		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Unknown Hettenkemmer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Charles Edward Goodman		
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. None	17. INFORMANT C. Ed Goodman, 6311 Norwood Road Address MISSION HILLS, KANSAS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocarditis					INTERVAL BETWEEN ONSET AND DEATH 1 day	
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 checked="" 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 Month, Day, Year a.m. p.m.						
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 JAN 5, 1960 to MAY 15, 1960 and last saw her alive on MAY 15, 1960 Death occurred at 4:16 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>William R. Doherty</i> (Degree or title)			22b. ADDRESS 7108 W. 75th Kansas City, MO.		22c. DATE SIGNED MAY 17, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAY 19, 1960	23c. NAME OF CEMETERY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Kansas City		23e. STATE Missouri	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons, Kansas City, Missouri 1331 BRUSH CREEK			25. DATE RECD. BY LOCAL REG. 5-19-60	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
William R. Doherty

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

E. C. Gibson

Licensed Embalmer No. 4137

P. O. Address _____

Excalibur Co., N.Y.

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