URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030557
STATE FILE NUMBER

FILED VS SEP 12 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4419

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1610 E. 18th.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Last: Golden
4. DATE OF DEATH: Month 08 Day 21 Year 60

5. SEX: M
6. COLOR OR RACE: N
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-20-81
9. AGE (last birthday): 79
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): Tailor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Quincy Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Golden
13b. MOTHER'S MAIDEN NAME: Isabel —
14. NAME OF HUSBAND OR WIFE: Effie Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Susie Williams Address: 4625 Bates

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with Angina Heart failure
DUE TO (c)
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 8-12-60, to 8-21-60 and last saw him alive on 8-21-60
Death occurred at 6 00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. L. Dwyer (Degree or title) MD
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 8-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-26-60
23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge
23d. LOCATION (City, town, or county) (State): K. C. Mo

24. FUNERAL DIRECTOR: Manlove-Williams ADDRESS: 1729 Lydia
25. DATE RECD. BY LOCAL REG.: 8-29-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF: H. L. Dwyer

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._____

P. O. Address_____

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.