

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 6 1960

149

Primary Registration District No. 1002

Registrar's No.

4166

=60-030558  
STATE FILE NUMBER

NDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><b>16 days</b>  | c. CITY OR TOWN <b>Moberly</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>108 W. Reed</b>                            |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ORVILLE</b> Middle <b>M.</b> Last <b>GOOD</b>   |   |   | 4. DATE OF DEATH<br>Month <b>8th</b> Day <b>12th</b> Year <b>1960</b>   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/25/95</b>  | 9. AGE (last birthday)<br><b>65</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>unemployed</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Cairo, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>William T. Good</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Bettie Hayes</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Sue Good</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWT</b>  |   | 16. SOCIAL SECURITY NO.<br><b>482-24-8969</b>   |   | 17. INFORMANT<br><b>William A. Good (Son)</b><br><b>VA HOSPITAL OFFICIAL RECORDS, K.C. MO.</b> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Acute, pyelonephritis</b>  |   |   |   |  |  |
| DUE TO (b) <b>Urinary tract obstruction</b>   |   |   |   |  |  |
| DUE TO (c) <b>Nodular hyperplasia of prostate</b>   |   |   |   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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. VA attended the deceased from <b>7/27/60</b> to <b>8/12/60</b><br>Death occurred at <b>6:15 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |  |
| 22a. SIGNATURE<br><b>[Signature]</b><br><b>F. Fritzen</b> (Degree or title)<br><b>M.D.</b>  |   |   | 22b. ADDRESS<br><b>VA Hospital, K. C. Mo.</b>   |  | 22c. DATE SIGNED<br><b>8/13/60</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>8-13-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>LIBERTY CEMETERY</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Moberly, Mo.</b>                                   |  |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons F.H. 1331 Brush Creek</b><br><b>Kansas City, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-13-60</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>H-L-Dwyer</b>  |  |

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Kalsbeek

Licensed Embalmer No. 494

P. O. Address No. 7 and

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