JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038371

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5316

ENDED

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 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 400 Mission — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Catherine Middle Sue Last Goodrich
4. DATE OF DEATH Month 10 Day 22 Year 60
5. SEX Female
6. COLOR OR RACE W
7. Married ☒ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-14-60
9. AGE (last birthday) — IF UNDER 1 YEAR Months Days 8 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Clarence Edward Goodrich
13b. MOTHER'S MAIDEN NAME Rebecca Jane Dancer
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs C. E. Goodrich — Address 400 Mission Lee's Summit Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity — From Birth
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. ☐ 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 10-14-60, to 10-22-60 and last saw her ~~him~~ alive on 10-22-60
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ned W. Smull M.D.
22b. ADDRESS 7501 Mission Road P.V. Kan.
22c. DATE SIGNED 10-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/23/60
23c. NAME OF CEMETERY OR CREMATORY Lee's Summit
23d. LOCATION (City, town, or county) Lee's Summit (State) Mo

24. FUNERAL DIRECTOR Langsford Funeral Home — ADDRESS Lee's Summit Mo
25. DATE RECD. BY LOCAL REG. 10-23-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Ned W. Smull 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._____

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.