JRJ DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960 149

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

5139 ~~6149~~ 60-038373 STATE FILE NUMBER

NDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Benton
c. CITY OR TOWN WARSAW
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOSEPH Middle P Last GOUGH
4. DATE OF DEATH Month October Day 12 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-8-92
9. AGE (last birthday) 67
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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) West Plains, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Bill Gough
13b. MOTHER'S MAIDEN NAME Maude Gregg
14. NAME OF HUSBAND OR WIFE Katy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. —
17. INFORMANT VA Hospital Official Rcds, K.C. Mo. Katy Gough, 328 S. Monroe, Kansas City, Mo.

DOCUMENT

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

BY AFFIDAVIT OF

21. I attended the deceased from October 5, 1960 to October 12, 1960 and last saw him alive on
Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. H. Owings, M.D. (Degree or title) R. H. OWINGS, M.D.
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 10-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT. 14, 1960
23c. NAME OF CEMETERY OR CREMATORY GARDEN CITY
23d. LOCATION (City, town, or county) (State) GARDEN CITY, Mo.

24. FUNERAL DIRECTOR FREEMAN MORTUARY ADDRESS KANSAS CITY, Mo.
25. DATE RECD. BY LOCAL REG. 10-13-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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 Clayton K. Barn

Licensed Embalmer No. 479

P. O. Address K. R.

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.