

MISSOURI DIVISION OF HEALTH OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001385

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED VS. FEE
AMENDED FEB

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 335 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 36 Approx
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital 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 Kansas City Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 558 Stonewall Court Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
DOROTHY GOLDING
4. DATE OF DEATH Month Day Year
Jan 20 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-25-1924 9. AGE (last birthday) 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-typist 10b. KIND OF BUSINESS OR INDUSTRY Commodity Stabilization Service 11. BIRTHPLACE (City and state or country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Jackson D. Scales 13b. MOTHER'S MAIDEN NAME Thelma Segrades 14. NAME OF HUSBAND OR WIFE -

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. - 17. INFORMANT Address Mrs. Alfred Irwin, 7705 E. 113 St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown Cause
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain Parasites - Septic Shock
DUE TO (c) Septicemia

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 1/1/61 to 1/20/61 and last saw her alive on 1/20/61
Death occurred at - m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerald L. Miller MD 22b. ADDRESS 4706 Broadway, K.C. Mo. 22c. DATE SIGNED 1-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-23-61 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home 25. DATE RECD. BY LOCAL REG. 1-20-61 26. REGISTRAR'S SIGNATURE Ruth Long

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Gerald L. Miller
SHOULD READ

Dr. Gerald Thi
4700 Bldg
Lo 1-9476
11:30 - 3

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Lloyd F. Dickmore

Licensed Embalmer No. 5120

P. O. Address KC 9, MO.

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