

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-025183
3232 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3232

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

FILED JUL 20 1961

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 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C. TUBERCULOSIS HOSP. 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) 2014 E 7th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
WILLIAM E. GOLLEDGE
4. DATE OF DEATH Month Day Year JUNE 27 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-29-85 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life when retired) Large Machine Machinist 10b. KIND OF BUSINESS OR INDUSTRY CLAY & BAILEY MFG. COMPANY 11. BIRTHPLACE (City and state or country) Woodstock Ontario CANADA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Wm. GOLLEDGE 13b. MOTHER'S MAIDEN NAME Margaret Simmons 14. NAME OF HUSBAND OR WIFE June Golledge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address MILDRED ROSS 912 E 29th K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 5-12-61 to 6-27-61 and last saw her/him alive on 6-27-61
Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Altman M.D. 22b. ADDRESS KCTB HOSPITAL 22c. DATE SIGNED 6-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/29/1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery Kansas City Missouri 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR'S ADDRESS D.W. Newcomer's Sons, Kansas City, Mo. 1331 Brush Creek Blvd. 25. DATE RECD. BY LOCAL REG. 6-29-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address Spokane City, W.

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.