ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4218 STATE FILE NUMBER -61-029283

AMENDED

FILED SEP 8 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 1b 50 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA HOSPITAL, K.C., MO. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN CARTHAGE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 425 Dentennial — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OTIS Middle JOHN Last GOOSTREE
4. DATE OF DEATH Month AUGUST Day 24, Year 1961

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-14-89
9. AGE (last birthday) 72 — 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) POSTAL WORKER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE
11. BIRTHPLACE (City and state or country) ROCKY COMFORT, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN GOOSTREE
13b. MOTHER'S MAIDEN NAME ZONA BARNETT
14. NAME OF HUSBAND OR WIFE ADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

17. INFORMANT Address Ada Goostree - Wife- Carthage, Missouri Official Records VA Hospital, 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) 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

21. VA attended the deceased from July 5, 1961, to August 24, 1961 and last saw her/him alive on
Death occurred at 2:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Castles M.D.
22b. ADDRESS VA Hospital, K.C., Mo.
22c. DATE SIGNED 8-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug. 24, 1961
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) Carthage (State) Missouri

24. FUNERAL DIRECTOR ADDRESS 1331 Brush Creek Blvd. D.W. Newcomer's Sons, Kansas City, Mo
25. DATE RECD. BY LOCAL REG. 8-24-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF J. M. Castles DOCUMENT

MEDICAL CERTIFICATION

SEP 14 1961

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 L. Echternach

Licensed Embalmer No. 3025

P. O. Address [illegible]

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.