

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

374-61-029422

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3740

FILED AUG 30 1961

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>--- Kansas City ---</b>	
Length of stay in Tb <b>1 Day</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		d. STREET ADDRESS <b>1725 Vermont</b> <b>Lawrence Kansas</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Gloria Larrabee</b>		4. DATE OF DEATH Month Day Year <b>July 26 1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-25-1924</b>
9. AGE (last birthday) <b>37 36</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Advertising executive</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Centrun Corp.</b>	
11. BIRTHPLACE (City and state or country) <b>Douglas Co., Kans.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Melvin W. Goff</b>		13b. MOTHER'S MAIDEN NAME <b>Marguerite S. Schroeter</b>	
14. NAME OF HUSBAND OR WIFE <b>Lawrence, Kn</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
17. INFORMANT <b>Mrs. M. W. Goff</b>		Address <b>1725 Vermont</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Basal skull fracture</b> <b>Contusion Brain</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) <b>Fell outside Of Tavern</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>9:00 p.m. 7/25/61</b>		20d. PLACE OF INJURY (e.g., in or about home, factory, place of business, etc.) <b>Paul &amp; Jacks Tavern</b>	
20e. CITY, TOWN, OR LOCATION <b>North Kansas City</b>		COUNTY STATE <b>Clay Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ 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) <b>Hugh H. Owens</b>		22b. ADDRESS <b>152 Union Station</b>	
22c. DATE SIGNED <b>7-26-61</b>		23a. BURNIAL, CREATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>7/26/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>	
23d. LOCATION (City, town, or county) <b>Lawrence, Kans.</b>		24. FUNERAL DIRECTOR <b>Peter B. Lapetina Funeral Home</b>	
25. DATE RECD. BY LOCAL REG. <b>7-27-61</b>		26. REGISTRAR'S SIGNATURE <b>Reuth Long</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Hugh H. Owens**

ITEM NO. SHOULD READ

MS AUG 20 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,

~~on~~ by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4727

P. O. Address Quincy City

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.