

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036919

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4838

FILED OCT 19 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3101 South 7th Street

3. NAME OF DECEASED (Type or print) First MARSH Middle B Last GODMAN			4. DATE OF DEATH Month September Day 27 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/9/85	9. AGE (last birthday) 76	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) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY CERTIFIED-PUBLIC MARSHALL, MISSOURI	11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME WILLIAM CORBIN GODMAN		13b. MOTHER'S MAIDEN NAME MARY E. LAWLER		14. NAME OF HUSBAND OR WIFE SARAH A. GODMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT SARAH A. GODMAN Address 3101 SOUTH 7TH ST. KANSAS CITY, KANSAS		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Bilateral Necrotizing Fraumontic 2 days	
Adrenal Insufficiency	24 hrs
Rheumatoid Arthritis	10 yrs

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Coronary Artery Disease

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from March 1939 to 9-27-61 and last saw him alive on 9-27-61
Death occurred at 12:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Don Carlos Peete md		22b. ADDRESS 1500 Prof. Bldg	22c. DATE SIGNED 9-28-61
23a. MANNER OF REMOVAL (Specify) CREMATION	23b. DATE 9-29-61	23c. NAME OF CEMETERY OR CREMATOR D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 9-29-61	26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Don Carlos Peete

ITEM NO. SHOULD READ

DEC 12 1961

NOV 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,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burd G. Stone

Licensed Embalmer No. 4724

P. O. Address RC 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.