SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1961

-61-037313

STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit — Length of stay in 1b: 15 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 710 So. Douglas — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 710 So. Douglas — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Joseph Mark Goodhue
4. DATE OF DEATH Month Day Year: Oct. 14 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/11/1883
9. AGE (last birthday): 78 — 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): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (City and state or country): Barnett Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: W.G.Goodhue
13b. MOTHER'S MAIDEN NAME: Mary Miller
14. NAME OF HUSBAND OR WIFE: Luvera Goodhue
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
17. INFORMANT: Mrs Lauvera Goodhue — Address: Lee's Summit Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dehydration & Inanition — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Colon — 9 months
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 10/9/58, to 10/14/61 and last saw him alive on 10/14/61
Death occurred at 12 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. D. Dunnell M.D.
22b. ADDRESS: Lee's Summit, Mo.
22c. DATE SIGNED: 10/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/16/1961
23c. NAME OF CEMETERY OR CREMATORY: Versales
23d. LOCATION (City, town, or county) (State): Versales Mo.

24. FUNERAL DIRECTOR: Langsford Funeral Home — ADDRESS: Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG.: 10/14-61
26. REGISTRAR'S SIGNATURE: M B Langsford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.