

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23308

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 271	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 12 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 10712 E 24th Street			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) FRANCIS		c. (Last) GOINS		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec 11, 1877		9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BOULDER		11. BIRTHPLACE (State or foreign country) Purdin Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PETER T. CASSITY		13b. MOTHER'S MAIDEN NAME ELIZABETH A. PIERCE		14. NAME OF HUSBAND OR WIFE JESSE A. GOINS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Jesse A. Goins Purdin Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic leukemia (b) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2040				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/16, 1951, to 7/21, 1951, that I last saw the deceased alive on 7/21, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward B. Halloran, M.D.		23b. ADDRESS First Natl Bank Bldg		23c. DATE SIGNED 7/23/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 24, 1951		24c. NAME OF CEMETERY OR CREMATORY PURDIN CEMETERY		24d. LOCATION (City, town, or county) (State) PURDIN MO.	
DATE REC'D BY LOCAL REG. July 23, 1951		REGISTRAR'S SIGNATURE Miss E. L. Galt		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 6 RECD

Dr. Edward B. Friedman
Dr. C. H. Williams
366 First National Bank Bldg. Indl. Mo.
office hours - 2:00 - 6:00

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
Student Embalmer

Signed

Charles H. Stickney

Licensed Embalmer No. *4560*

P. O. Address *K.C. 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 this body is not embalmed, fact should be so stated above.