

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0010656

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1609

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF
Albert G. Chernoff
MEDICAL CERTIFICATION1. PLACE OF DEATH
a. COUNTY JACKSONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
10 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2323 HARVARDReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DOUGLAS

D.

GOINS

4. DATE OF DEATH

Month

Day

Year

MARCH

21

1964

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-25-19049. AGE (last birthday)
59IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FACTORY WORKER10b. KIND OF BUSINESS OR INDUSTRY
FIRE METAL PRODUCTS11. BIRTHPLACE (City and state or country)
PURDIN, MO.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JESSE ALLEN GOINS

13b. MOTHER'S MAIDEN NAME

EMMA F. CASSIDAY

14. NAME OF HUSBAND OR WIFE

GRACE O. GOINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
487-12-366317. INFORMANT 2323 HARVARD - INDEPENDENCE, MO.
MRS. GRACE O. GOINS18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

1 day

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

DUE TO (b)

Generalized arteriosclerosis

under

DUE TO (c)

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

Cholecystectomy on 3/13/64

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
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 1/21/64 to 3/21/64 and last saw him alive on 3/21/64
Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Dr, nurse or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

MAR-24-1964

GREEN LAWN CEM.

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR 331 BRUSH CREEK BLVD.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. NEWCOMERS SONS, K.C., MO.

3-24-64

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

10-100
01

Dr. Walter B. Edwards
4601 Broadway Avenue
18:00-6:00
1-20

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 JOHN M. EADOR, Student Embalmer No. 707

working under my personal supervision.

Student John M. Eador
Signature of Student Embalmer

Signed Edmund M. Dungey

Licensed Embalmer No. 3566

P. O. Address Kansas 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.