

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 20481  
Registrar's No. 232

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5569</u>		Registrar's No. <u>232</u>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural Brookings Twp.</b>		c. LENGTH OF STAY (in this place) <b>55 Yrs.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		<b>3548</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6220 Eastwood Road</b>				d. STREET ADDRESS (If rural, give location) <b>3439 Michigan Road</b>					
3. NAME OF DECEASED (Type or Print) <b>Chriss Goldsmith</b>			a. (First) <b>Chriss</b>			b. (Middle) <b>Goldsmith</b>			
c. (Last) <b>Goldsmith</b>			4. DATE OF DEATH <b>June 24 1951</b>		(Month) (Day) (Year)				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 7 1869</b>			
9. AGE (in years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			11. BIRTHPLACE (State or foreign country) <b>France</b>			
12. CITIZEN OF WHAT COUNTRY? <b>France</b>			13a. FATHER'S NAME <b>John Goldsmith</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Rich</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Ann Goldsmith</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>		16. SOCIAL SECURITY NO. <b>497-26-0833</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Cassil</b>				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Endocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema</b> DUE TO (c) <b>Cerebral Thrombosis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>					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) (Min.)		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 <u>Aug 1950</u> , to <u>June 1951</u> , that I last saw the deceased alive on <u>June 24, 1951</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Ch. Roedy</b>				(Degree or title) <b>D.C.</b>		23b. ADDRESS <b>204 W 12th, K.C., Mo.</b>		23c. DATE SIGNED <b>6-26-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 26 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-27-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>				ADDRESS <b>Kansas City, Missouri</b>	

JUL 6

RECD

204 W. 1st - A  
11/2 8508  
12 noon

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

*J. Virgil Herrick*  
Licensed Embalmer No. 3599

P. O. Address A. C. M.

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.