

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34995

FILED NOV 8 1952

State File No. \_\_\_\_\_  
REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4635

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>51 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>5215 Sunset Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		3780	
3. NAME OF DECEASED a. (First) <b>JAMES</b> b. (Middle) <b>E.</b> c. (Last) <b>GOODRICH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 22, 1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 20, 1871</b>
9. AGE (In years last birthday) <b>81</b>		10 UNDER 1 YEAR Months	11 UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Judge Circuit Court &amp; P Commerce Trust</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Co. Missouri</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nathan Goodrich</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Frame</b>	
14. NAME OF HUSBAND OR WIFE <b>Harper Riggins Goodrich</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>199-16-0515</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frank Frame</b>		ADDRESS <b>5215 Sunset Dr., KC Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastrointestinal Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>  ANTECEDENT CAUSES DUE TO (b) <b>Duodenal Ulcer - Diverticulitis - Sps</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b> <b>5/10</b> <b>20 yrs</b>	
19a. DATE OF OPERATION <b>9-30-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Duodenal Ulcer - Diverticulitis</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>9-3, 1952</b> , to <b>10-22, 1952</b> , that I last saw the deceased alive on <b>10-22, 1952</b> , and that death occurred at <b>5:00 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Morris Statland</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1406 Bryant Building</b>	
23c. DATE SIGNED <b>10-23-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/24/52</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Cameron, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-23-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>Kansas City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

In Memory of  
Bryant Bledy.

Apr 11: 50

**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

*Eugene J. Keenan*

Licensed Embalmer No. 4633

P. O. Address Kansas City, 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.