

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18672

FILED JUN 16 1955

Registrar's No. 2163

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2163</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS City</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>KANSAS City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Joseph Hospital</u>				STREET ADDRESS (If rural, give location) <u>4022 Woodland 3648</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>			b. (Middle) <u>ROBERT</u>		c. (Last) <u>GOYETTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18, 1955</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 14, 1890</u>	
9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BANK of Commerce</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ELSMORE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK GOYETTE</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY BOWMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NINA GOYETTE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-10-6826</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS NINA GOYETTE 4022 Woodland K.C. Mo.</u>			
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>2 yrs</u> <u>3 yrs</u> <u>420'</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>no</u>		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>June</u> , 19 <u>53</u> , to <u>May 18</u> , 1955 that I last saw the deceased alive on <u>MAY 18</u> , 1955, and that death occurred at <u>30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. B. Casebolt</u> (Degree or title) <u>no</u>				23b. ADDRESS <u>4000 Baltimore K.C. Mo.</u>		23c. DATE SIGNED <u>5/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MORAN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>5-18-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK BLVD K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Jess T. Dewar*.....

Licensed Embalmer No. *445*.....

P. O. Address *Herron*.....

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.