

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5244

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Overland Park</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 Wk</u>		e. STREET ADDRESS (If rural, give location) <u>7624 Newton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanit arium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Reita</u>	b. (Middle) <u>Gooding</u>	c. (Last) <u>Gooding</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 10, 1916</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Redfield, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Perely Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl Holder</u>	14. NAME OF HUSBAND OR WIFE <u>Grover C. Gooding</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-10-3620</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grover C. Gooding, Overland Park, Kansas.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diffuse Meningeal metastases of Right Breast</u>		<u>2 yrs</u>
DUE TO (c) <u>Recent Pathological Fractures of Right Femur + Right Humerus due to bony metastases</u>		<u>6 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>April 14 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intraductal Carcinoma of Right Breast. 170X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 31, 1946, to Feb 20, 1956, that I last saw the deceased alive on Feb 20, 1956, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold V. Woods M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>Feb 21, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-22-56</u>	REGISTRAR'S SIGNATURE <u>James [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. G. Gerson Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1963

MAR 23 1953

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 *Harold E. Keckel*

Licensed Embalmer No. *4608*

P. O. Address *Julys N.*

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.