

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4724
STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 454

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5821 WAYNE AVE. Length of stay in lb 30 years		d. STREET ADDRESS 5821 WAYNE AVE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ERNEST Middle Joseph Last GOODELL			4. DATE OF DEATH Month JAN Day 28 Year 1957
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1889
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 6 Days 27 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner		10b. KIND OF BUSINESS OR INDUSTRY Goddell Sponge Co.	11. BIRTHPLACE (City and state or country) Ford City, Mich.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Louis Cass	
14. MOTHER'S MAIDEN NAME Matilda Livernois		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W-W-I.	
16. SOCIAL SECURITY NO. 495-07-6943		17. INFORMANT Mrs. MAE P. GOODALL Address 414 WISCONSIN WAUKESHA WISCONSIN	
18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet Wound Head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) gunshot & infection			INTERVAL BETWEEN ONSET AND DEATH 8976x
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) self inflicted		
20c. TIME OF INJURY Hour 1-28 a. m. 57 p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		
20e. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO	20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 7:40A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title) 3		22b. ADDRESS 1034 Riatts Bldg	
22c. DATE SIGNED 1-28-57		23a. BURNAL CREATION, REMOVAL, OR SPECIFY JAN 30 1957	
23b. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23c. LOCATION (City, town, or county) (State) KANSAS City, Missouri	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331. BAUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 1-30-57	
26. REGISTRAR'S SIGNATURE Reva Marshall			

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.....
Richard L. Hoge

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.