

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044122

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5939

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Year <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mission</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Length of stay in 1b <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b>8150 7050 W. 53rd Street</b>
3. NAME OF DECEASED (Type or print) First <b>MR. CHARLES</b> Middle <b>ROBERT</b> Last <b>GOUDIE</b>		4. DATE OF DEATH Month <b>December</b> Day <b>16</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 10, 1883</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner Awnings + Tent Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Le Roy, New York</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Peter Goudie</b>		13b. MOTHER'S MAIDEN NAME <b>Saralee</b>	14. NAME OF HUSBAND OR WIFE <b>Fannie Goudie</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>487-05-7269</b>	17. INFORMANT Address <b>Mrs. Fannie Goudie - 7050 West 53rd St.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation.</b> DUE TO (b) <b>Chronic Hypertension.</b> DUE TO (c) <b>Coronary Sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks.</b> <b>6 mos.</b> <b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senescent type of Arteriosclerosis.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour (Month, Day, Year) a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at <b>July 1948</b> to <b>12/16/58</b> and last saw her alive on <b>12/15/58</b> <b>5:15 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>G.R. Boyer M.D.</b> (Degree or title) <b>D</b>		22b. ADDRESS <b>4635 Wyandotte, K.C. 12, Mo</b>	22c. DATE SIGNED <b>12/16/58</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	23b. DATE <b>Dec. 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pantheon, Forest Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McClure Undertaking Co., K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-16-58</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. L. Byers

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

10-6-01

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 *J. S. Walton* .....

Licensed Embalmer No. *1744* .....

P. O. Address *J. C. 210* .....

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.