

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014142

FILED VS APR 18 1960

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 50

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Wates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bata</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUTLER</u>		Length of stay in 1b <u>3 wks</u>	c. CITY OR TOWN <u>Amsterdam</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BUTLER Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>H.</u> Last <u>Goddard</u>			4. DATE OF DEATH Month <u>4</u> Day <u>3</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-16-1879</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford MTR Co.</u>		11. BIRTHPLACE (City and state or country) <u>KENTUCKY</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Timothy Goddard</u>		

13b. MOTHER'S MAIDEN NAME <u>AMANDA unknown</u>		14. NAME OF HUSBAND OR WIFE <u>FREDONIC Goddard</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>unknown</u>	
17. INFORMANT <u>Donal Goddard</u>		Address <u>K.C. Mo. 4610 PENN</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Diabetic Acidosis - Coma</u>		
DUE TO (b) <u>Myocarditis - Interstitial Nephritis</u>		
DUE TO (c) <u> </u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u>	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.) <u>---</u>		20f. CITY, TOWN, OR LOCATION	STATE

21. I attended the deceased from Mar. 15, 1960 to April 3, 1960 and last saw him alive on April 3, 1960
Death occurred at 12:22 P.M. 4-3-60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. A. Kueh Jr</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>State Bank Bldg., Butler, Missouri</u>	22c. DATE SIGNED <u>4-3-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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24. FUNERAL DIRECTOR <u>Floral Hills Memorial Chapel</u>	ADDRESS <u>K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Apr 13-1960</u>	26. REGISTRAR'S SIGNATURE <u>Kendall Army</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest D. Colden

Licensed Embalmer No. 4714

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.