

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

OF PUBLIC HEALTH AND WELFARE

-60-046078

STATE FILE NUMBER

INDEXED

FILED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6307

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Chillicothe</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1607 Jackson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>R.</u> Last <u>GOINS</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>13</u> , Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR 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>9-11-1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
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>Home</u>		11. BIRTHPLACE (City and state or country) <u>Galt, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John T. Vancill</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Van Meter</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Goin</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>none</u>		17. INFORMANT Address <u>Walter Goin-- 1607 Jackson, Missouri</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>VENTRICULAR ARREST</u>			<u>5 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>THROMBOSIS OF A CORONARY ARTERY</u>		<u>10 MIN.</u>
	DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>15 YRS.</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>OCT. 1955</u> to <u>DEC. 13, 1960</u> and last saw her <u> </u> alive on <u>DEC. 13, 1960</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George K. Landis, M.D.</u>		22b. ADDRESS <u>1103 Grand Ave. K.C. Mo</u>	22c. DATE SIGNED <u>12/14/60</u>
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>12-16-60</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Galt Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Galt, Missouri</u>
24. FUNERAL DIRECTOR <u>Melody McGilley-Eylar--1800 E. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>12-15-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George K. Landis

1961 I I NVP SA

Dr. Geo. E.
Prof. Bledsoe

Inst. - all da

OCT 16 1962

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 Gerald A. Burger
Licensed Embalmer No. 476

P. O. Address K. C. N.

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