ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-036924

RTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5098 STATE FILE NUMBER

FILED OCT 27 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 50 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4401 E. 16th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JESSE Middle ANDREW Last GOODWIN

4. DATE OF DEATH Month OCT. Day 12, Year 1961

5. SEX MALE
6. COLOR OR RACE CAUC.
7. Married ☐ ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH SEPT. 10, 1893
9. AGE (last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK
10b. KIND OF BUSINESS OR INDUSTRY RESTURANT
11. BIRTHPLACE (City and state or country) GOWER MISSOURI
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HENRY CLAY GOODWIN
13b. MOTHER'S MAIDEN NAME MARY B. WITT
14. NAME OF HUSBAND OR WIFE HATTIE GOODWIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. HATTIE GOODWIN, 4401 E. 16th ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH Terminal.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Vascular Hemorrhage — 6 days
DUE TO (c) Hypertensive heart disease c̄ Atherosclerosis — 3+ yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-21-53, to 10-12-61 and last saw ~~her~~ him alive on 10-11-61
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Haight MD
22b. ADDRESS 3401 E 12th KC Mo
22c. DATE SIGNED 10-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-14-61
23c. NAME OF CEMETERY OR CREMATORY ANTIOCH CEMETERY
23d. LOCATION (City, town, or county) (State) GOWER, MISSOURI

24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH FUNERAL HOME, 6800 TROOST, K.C. MO.
25. DATE RECD. BY LOCAL REG. 10-13-61
26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION: N. J. M. Haight

Fri. 1pm to 5pm

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 C. O. Nelson

Licensed Embalmer No. 4421

P. O. Address KC. 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.