

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027098
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3912

| | | | | | | |
|---|--|---|--|---|---|--|
| FILED AUG 13 1962 | | 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 42 yrs. | | 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 Baptist Memorial Hosp | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 10405 Wornall Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First SIDNEY Middle HAROLD Last GOLDSMITH | | | 4. DATE OF DEATH Month July Day 30 Year 1962 | | | |
| 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 9-13-1901 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Chicago, Illinois | | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Lee Goldsmith | | 13b. MOTHER'S MAIDEN NAME Alice Levy | | |
| 14. NAME OF HUSBAND OR WIFE Phonda C. Goldsmith | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | | |
| 17. INFORMANT Mrs. Phonda C. Goldsmith | | Address 10405 Wornall Rd. | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic Stenosis DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |
| INTERVAL BETWEEN ONSET AND DEATH 2 years | | INTERVAL BETWEEN ONSET AND DEATH 10 years | | 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 | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) asthma, bronchial and pulmonary emphysema | | 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.) | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 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 Kansas City | | COUNTY Jackson | | STATE Missouri | | |
| 21. I attended the deceased from December 1955 to 7/30/62 and last saw him alive on Nov 61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Stanley Goldman MD | | 22b. ADDRESS 751 E 63 Kansas City, Mo | | |
| 22c. DATE SIGNED 7/20/62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Aug. 1, 1962 | | |
| 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | | 23d. LOCATION (City, town, or county) Kansas City, Missouri | | (State) | | |
| 24. FUNERAL DIRECTOR Freeman Mortuary Kansas City, Mo. | | ADDRESS 7-30-62 | | 25. DATE RECD. BY LOCAL REG. 7-30-62 | | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | | | | | |

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Stanley L. Goldman

VS 300
Rev. 4/59
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94211
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USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

Dr. Bellman
751 E. 63rd St
EM 3-2252

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. Lauren Freeman Jr.*

Licensed Embalmer No. *5098*

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.