

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028340

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3951

FILED AUG 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>0180</u>	
3	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>1</u>	
9 <u>81.0</u>	
10	
11	
12 <u>66.0</u>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>6 weeks</u>	c. CITY OR TOWN <u>Belton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Lukes Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Alfred Ewing Gochbauer</u>			4. DATE OF DEATH Month Day Year <u>7-13-63</u>
5. SEX <u>Male</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>7-23-95</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
11. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and state or country) <u>Belton Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Adam Gochbauer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Knox</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys B. Gochbauer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W20 #1</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>W.A. Gochbauer</u> <u>Belton Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>carcinoma of the bladder</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
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	COUNTY STATE
21. I attended the deceased from <u>8 JUL 63</u> to <u>12 JUL 63</u> and last saw ^{her} _{him} alive on <u>12 JUL 63</u> Death occurred at <u>12:50</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert A. Rauch M.D.</u>		22b. ADDRESS <u>4320 Normal Road, KCMO</u>	22c. DATE SIGNED <u>13 JUL 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-15-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>
24. FUNERAL DIRECTOR <u>Ed George & Sons</u>		25. DATE RECD. BY LOCAL REG. <u>7-13-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Song</u>

DOCUMENT

MEDICAL CERTIFICATION

ROBERT A. RAUCH

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr Max Berry
Suite 440
4320 Wornall

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 *Stirling E. Beard*

Licensed Embalmer No. 4911

P. O. Address Grandview 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.