

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032250
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4513

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 11 1963

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1		
2 <u>70 15</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>1</u>		
9 <u>163X</u>		
10		
11		
12 <u>16-0</u>		
13		

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>9 days</u>	c. CITY OR TOWN <u>Independence</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>Menorah Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9303 East 13th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Carman</u> Middle <u>Gottman</u> Last <u>Gottman</u>		4. DATE OF DEATH Month <u>August</u> Day <u>10th</u> , Year <u>1963</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>12-13-1912</u>
9. AGE (last birthday) <u>50</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>Arc Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>DANIEL A. GOTTMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>JULIA ANNA TUNKS</u>		14. NAME OF HUSBAND OR WIFE <u>KATHRYN GOTTMAN</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>[REDACTED]</u>	
17. INFORMANT <u>Kathryn Gottman, 9303 E. 13th St Inden, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Gastric Hemorrhage</u> DUE TO (b) <u>CA of right lung</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>6 months</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
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 <u> </u> s.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 STATE
21. I attended the deceased from <u>8-1-63</u> to <u>8-10-63</u> and last saw him alive on <u>8-10-63</u> Death occurred at <u>4:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>8-11-63</u>	
22a. SIGNATURE (Degree or title) <u>Arch J. Beatty MD</u>		22b. ADDRESS <u>701 East 63rd</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>JACKSON COUNTY MISSOURI</u>
24. FUNERAL DIRECTOR <u>GEO. C. CARSON & SONS, INDEPENDENCE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Song</u>

USE BLACK INK OR TYPEWRITER RIBBON

075280-863

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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 Raymond C. Stevenson

Licensed Embalmer No. 4266

P. Independence, 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.