

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 083641111  
5298

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|                                                                                                 |  |                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Platte</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville (Northwestern Heights - add)</u>           |  |
| c. LENGTH OF STAY (in this place) <u>70 days</u>                                                |  | d. STREET ADDRESS (If rural, give location) <u>R. 7th 4 miles East</u>                                                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>                                   |  |                                                                                                                                      |  |

|                                                                                                               |  |  |                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>James</u> b. (Middle) <u>H</u> c. (Last) <u>Woodward</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1950</u> |  |  |
|---------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------|--|--|

|                    |  |                               |  |                                                                       |  |                                    |  |                                                                                                                                          |  |
|--------------------|--|-------------------------------|--|-----------------------------------------------------------------------|--|------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. SEX <u>Male</u> |  | 6. COLOR OR RACE <u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> |  | 8. DATE OF BIRTH <u>Feb 1 1886</u> |  | 9. AGE (In years) (last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u> |  |
|--------------------|--|-------------------------------|--|-----------------------------------------------------------------------|--|------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                           |  |                                                      |  |                                                                      |  |                                      |  |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Mills</u> |  | 11. BIRTHPLACE (State or foreign country) <u>Seamons Kans U.S.A.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u></u> |  |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------------|--|

|                                     |  |                                            |  |                                                        |  |
|-------------------------------------|--|--------------------------------------------|--|--------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>Not Known</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Not Known</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Rebecca E. Woodward</u> |  |
|-------------------------------------|--|--------------------------------------------|--|--------------------------------------------------------|--|

|                                                                                                                            |  |                               |  |                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|---------------------------------------------------------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. _____ |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Woodward</u> ADDRESS <u>Parkville Mo</u> |  |
|----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|---------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of prostate with extension locally &amp; metastasis</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u></u><br>DUE TO (c) <u></u><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Uremia due to</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>17 1/2</u> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------|--|

|                              |  |                                                                |  |                                                                       |  |
|------------------------------|--|----------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION <u>unilateral obstruction</u> |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------------|--|----------------------------------------------------------------|--|-----------------------------------------------------------------------|--|

|                                                |  |                                                                                                |  |                                                                   |  |
|------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ |  |
|------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|

|                                                       |  |                                                                                                        |  |                                  |  |
|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____ |  |
|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------------|--|

22. I hereby certify that I attended the deceased from June, 1950, to Dec 17, 1950, that I last saw the deceased alive on 12-17, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                                               |  |                                              |  |                                  |  |
|---------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>Staughton F. White MD</u> (Degree or title) |  | 23b. ADDRESS <u>1600 Prof. Bldg R.C., Mo</u> |  | 23c. DATE SIGNED <u>12/17/50</u> |  |
|---------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------|--|

|                                                         |  |                               |  |                                                                |  |                                                                    |  |
|---------------------------------------------------------|--|-------------------------------|--|----------------------------------------------------------------|--|--------------------------------------------------------------------|--|
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>buried</u> |  | 24b. DATE <u>Dec. 19-1950</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Parkville Mo.</u> |  |
|---------------------------------------------------------|--|-------------------------------|--|----------------------------------------------------------------|--|--------------------------------------------------------------------|--|

|                                          |  |                                               |  |                                                                                   |  |
|------------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>12-17-50</u> |  | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Francis</u> ADDRESS <u>Parkville Mo</u> |  |
|------------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------------------------------------|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 26 1957

**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 .....  
Student Embalmer

Signed

*J. G. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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 this body is not embalmed, fact should be so stated above.