

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 17 1951

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 425

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, 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>Kansas City,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Myrtle</u>		d. STREET ADDRESS (If rural, give location) <u>615 Myrtle</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u>		b. (Middle) <u>Stidham</u>	
c. (Last) <u>Stidham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23 1897</u>
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u></u>	11. DAYS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. Benefield</u>		13b. MOTHER'S MAIDEN NAME <u>Josie Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>George Stidham</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>INDIA</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Stidham</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>615 Myrtle Kas, City, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of Liver &amp; Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Liver &amp; Pancreas</u>		DUE TO (c) <u></u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		15 <u>15</u>	
19a. DATE OF OPERATION <u>Dec-12-1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Liver &amp; Pancreas</u>	
20. AUTOPSY? YES <input checked="" 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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1945</u> to <u>1-27, 1951</u> , that I last saw the deceased alive on <u>1-27, 1951</u> , and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. D. Reese</u> (Degree or title)		23b. ADDRESS <u>400 3308 E 12</u>	
23c. DATE SIGNED <u>1-27-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 1 1951</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Mt. Washington Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u>	
25. ADDRESS <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>1-29-51</u>	
REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. ADDRESS <u>Kansas City, Missouri</u>	

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

**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

*Clayton K. Barnes*

Licensed Embalmer No. 4793

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 this body is not embalmed, fact should be so stated above.