

37676

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5262

No. 300  
10.48

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5262

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 Months</b>		STREET ADDRESS (If rural, give location) <b>2132 East 83rd St. Terr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #1</b>		3950	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edna</b> b. (Middle) <b>M</b> c. (Last) <b>Woolhiser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-13-54</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 13, 1882</b>
9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Price Upholstery Omaha, Neb</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Melvin, Ill</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Dakin</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Griffin</b>		14. NAME OF HUSBAND OR WIFE <b>Ira Woolhiser</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>505-09-1947</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harold D Morphew</b>		ADDRESS <b>5305 W 76th Terr</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia with Cancer of breast</b>		ANTECEDENT CAUSES		170X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>with metastasis to liver and bones</b>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 bldg., 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 11-8, 1954, to 11-13, 1954, that I last saw the deceased alive on 11-13, 1954 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>24 and Cherry</b>		23c. DATE SIGNED <b>11-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 13, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery Omaha, Nebr</b>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Quislet Taline</b>		ADDRESS <b>20 W. Lincoln</b>	
DATE REC'D BY LOCAL REG. <b>11-13-54</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		(Licensed Embalmer's Statement on Reverse Side)	

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

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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 *Forrest D. Coldman*.....

Licensed Embalmer No. *471*.....

P. O. Address *F. C. M.*.....

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.