

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4800-61-033206  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4800

FILED OCT 11 1961

|  |  |   |  |  |   |  |   |
|--|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |  | Length of stay in 1b<br><b>15 Minutes</b>   |  | c. CITY OR TOWN <b>Merriam</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>5812 Grant</b>   |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Maurice</b> Middle <b>E</b> Last <b>Woodburn</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>September</b> Day <b>23</b> Year <b>1961</b>  |   |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>1-20-1910</b>   | 9. AGE (last birthday)<br><b>51 Yrs</b>                               | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>                        | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Aircraft</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Maryville, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>James Woodburn</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Cora Jane Hale</b>                                   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Vera M. Woodburn</b>                |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   |  | 17. INFORMANT<br>Address<br><b>Vera M. Woodburn Merriam, Kans.</b>   |   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b><br>DUE TO (b) <b>Arteriosclerotic Coronary Thrombosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hour</b>  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <b>1959</b> to <b>10/11/61</b> and last saw him live on <b>Sept 23, 61</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |   |  |   |
| 22a. SIGNATURE<br><b>Harold W. Voth, M.D.</b> (Degree or title)  |  |   | 22b. ADDRESS<br><b>201 Plaza Med. Bldg. 12th. Mo.</b>                                |  | 22c. DATE SIGNED<br><b>Sept 25, 61</b>                                |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>9-26-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt., Moriah</b>                             |  | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b> |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure Kansas City, Missouri</b>   |  |   | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-26-61</b>                        | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |   |

STATEMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Harold W. Voth**

**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 J S Walton

Licensed Embalmer No. 2744

P. O. Address 26 E 2nd

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.