

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23040**
Registrar's No. **3156**

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>4 MO</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, MO</u> | | d. STREET ADDRESS (If rural, give location) <u>5217 WAYNE ST</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5217 WAYNE</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13 1951</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> | | b. (Middle) <u>WILSON</u> | | c. (Last) <u>GODDARD</u> | | 5. SEX <u>FEMALE</u> | |
| 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>SEPT 6 1878</u> | | 9. AGE (In years last birthday) <u>72</u> 10. <u>10</u> 11. <u>7</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>KINGSVILLE MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>JAMES H. WILSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>WILSON</u> | | 14. NAME OF HUSBAND OR WIFE <u>FREDERICK GODDARD</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. Jones</u> ADDRESS <u>Kansas City</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF PANCREAS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EMACIATION, MALNUTRITION, HYPOSTATIC PNEUMONIA</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 mo</u> <u>15 1/2</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>MARCH 9, 1951</u> , to <u>JULY 13, 1951</u> , that I last saw the deceased alive on <u>JULY 12, 1951</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John A. Greaves D.O.</u> | | | | 23b. ADDRESS <u>3447 Prospect KC Mo.</u> | | 23c. DATE SIGNED <u>7-18-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7-18-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kingsville, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>7-24-51</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Helmer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Canady</u> ADDRESS <u>1109 E. 11th St. Kansas City, Mo</u> | | | |

This certificate mailed to Mr. Johnson - No duplicate record - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. J. Canada

Signed.....

Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Halden, N.Y.

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.