

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27282**
3342

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

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mission	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 5435 Birch	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) R.	c. (Last) WOOD	4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 9, 1925	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Chanute, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jesse E. Wood	13b. MOTHER'S MAIDEN NAME Gladys Robinson	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II	16. SOCIAL SECURITY NO. 494-40-8066	17. INFORMANT'S SIGNATURE OR NAME Jesse E. Wood, 5435 Birch, Mission, Kan.	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation & fluid imbalance		INTERVAL BETWEEN ONSET AND DEATH 2 months
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Magnitubin DUE TO (b) procarcinoma c multiple metastases DUE TO (c) primary site retroperitoneal		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —			15 8 X

19a. DATE OF OPERATION 7-10-51	19b. MAJOR FINDINGS OF OPERATION Huge abdominal tumor with multiple metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.) —	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 26, 1951, to Aug 3, 1951, that I last saw the deceased alive on Aug 2, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE William B. Cheeseman (Degree or title) M.D.	23b. ADDRESS 530 Prof. Bldg. Kansas City 6, MO.	23c. DATE SIGNED Aug 3, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/5/51	24c. NAME OF CEMETERY OR CREMATORY Chanute, Kansas	24d. LOCATION (City, town, or county) (State) Chanute, Kansas
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DATE REC'D BY LOCAL REG. 8-4-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL,	ADDRESS K.C., MO.
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Mr. W. B. Chace - Prof. Bldg -
VI 0887

2-4 pm

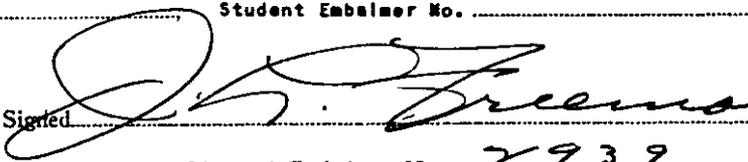
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2939

P. O. Address F. O. 240.

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.