

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1957

STATE FILE NUMBER **3337**

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 24185

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>Cameron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Osage Beach</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center rest.</b>		d. STREET ADDRESS (If outside, give location) <b>Reside on Farm</b>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Woydell</b> Last <b>Woydell</b>			4. DATE OF DEATH Month <b>July</b> Day <b>16</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-3-1916</b>	9. AGE (In years last birthday) <b>41</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motel Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Omaha, Nebr.</b>	
13. FATHER'S NAME <b>Frank J. Woydell</b>			14. MOTHER'S MAIDEN NAME <b>Anna Ross</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk.</b>	16. SOCIAL SECURITY NO. <b>549-03-8859</b>	17. INFORMANT <b>newcome's Funeral Home K.C. Mo</b>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>A. acute meningeal leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>2042</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).		19. WAS AUTOPSY PERFORMED? YES <input 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 Hour _____ a. m. _____ p. m.	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 **4-5-56** to **7-16-57** and last saw <sup>her</sup>him alive on **7-16-57**  
Death occurred at **7:00 p. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Cecil M. Kohn M.D.</b>	22b. ADDRESS <b>630 Prof. Bldg. K.E. No.</b>	22c. DATE SIGNED <b>7/17/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-17-57</b>	23c. NAME OF CEMETERY OR CREMATORY
24. FUNERAL DIRECTOR <b>Hedger Funeral Home</b>		24b. ADDRESS <b>Cameron, Mo</b>

25. DATE RECD. BY LOCAL REG. <b>7-17-57</b>	26. REGISTRAR'S SIGNATURE <b>Gene Minshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cecil M. Kohn, M.D. Cause death 7/16/57

00 56. In, Alfalfa, Lic, vice. Diseases in Part I must be casually related. Coroner can certify to a death due to natural causes.

AUG 15 1957

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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.....  
*Basil V. Hone*

Licensed Embalmer No.....

P. O. Address.....  
*K.C.*

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.