

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015771

FILED VS. APR 28 1960

146 Primary Registration District No. 3026

Registrar's No. 224

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
Length of stay in 1b 54 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1815 ELLISONWAY		d. STREET ADDRESS (If outside, give location) 1815 ELLISONWAY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle CHRISTIAN Last STOCKWOOD			4. DATE OF DEATH Month April Day 17 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Retail Tire Business		10b. KIND OF BUSINESS OR INDUSTRY Tire Business		11. BIRTHPLACE (City and state or country) BORRIS, DENMARK	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HANS STOCKWOOD JENSEN			
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LELA W. STOCKWOOD			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. 490-09-1011		17. INFORMANT Address Lela W. Stockwood, 1815 Ellisonway, Indep.	
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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) Generalized metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 8 weeks
DUE TO (b) Carcinoma of breast		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CA of Colon - positive - 1957.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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 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 **April 1957** to **present** and last saw her alive on **4-15-60**
Death occurred at **5:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James H. Carson		22b. ADDRESS Merison Karon		22c. DATE SIGNED 4-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-19-60	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Mo.	
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 4-19-60	26. REGISTRAR'S SIGNATURE James H. Carson	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Floyd C. Benson

Licensed Embalmer No. 4199

P. O. Address Delap. Mo.

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.