

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 13 1960

=60-023473

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3372 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jacksoni</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in 1b <b>22 days</b>	c. CITY OR TOWN <b>Marshall</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>584 W. Arrow</b>

3. NAME OF DECEASED (Type or print) First <b>Georgia</b> Middle <b>Wood</b> Last <b>Wood</b>			4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-17-1898</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>62</b> Days	IF UNDER 24 HR Hours <b>62</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bookkeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>County Treasurer</b>	11. BIRTHPLACE (City and state or country) <b>Barton Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>
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13a. FATHER'S NAME <b>W. H. Still</b>	13b. MOTHER'S MAIDEN NAME <b>Florence Cundiff</b>	14. NAME OF HUSBAND OR WIFE <b>Judson Wood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT <b>Woodrow King, Independence, Mo.</b>
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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>Cerebral Metastatic Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Metastatic Carcinoma, Cervical Glands</b>	<b>3 mo.</b>
	DUE TO (c) <b>Squamous Ca., Mouth.</b>	<b>5 mo.</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <b>11:02 P.</b> Month, Day, Year <b>4-11-'60</b>	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 <b>Marshall</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>
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21. I attended the deceased from <b>4-11-'60</b> to <b>6-26-'60</b> and last saw her <b>6-26-'60</b> alive on <b>6-26-'60</b>
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Death occurred at <b>11:02 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>E. A. Wilkinson M.D.</b> (Degree or title)	22b. ADDRESS <b>1332 Professional Bldg.</b>	22c. DATE SIGNED <b>6-27-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-27-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marshall</b>	23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
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24. FUNERAL DIRECTOR <b>Estine &amp; McClure, Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-27-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **E. A. Wilkinson**

OCT 25 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orvil Roberts

Licensed Embalmer No. 473  
P. O. Address K.C. 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.