

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

5937-60-046443

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 3 Weeks		c. CITY OR TOWN Liberty		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R R #4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle WOODWARD Last WOODWARD				4. DATE OF DEATH Month November Day 24 Year 1960			
5. SEX Female	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 11/21/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 65 Days 65		IF UNDER 24 HR Hours 65 Min. 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ethel Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Aaron W ?		13b. MOTHER'S MAIDEN NAME Laura Cassidy		14. NAME OF HUSBAND OR WIFE George Woodward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address Zeb Woodward Rt 4 Liberty Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Vascular Collapse DUE TO (b) Hypostatic pneumonia DUE TO (c) Metastatic Papillary Adenocarcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adenocarcinoma of right ovary PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH 1 hr 3 days 3 mo
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.)					
20c. TIME OF INJURY Hour 1:25 a.m. p.m. Month, Day, Year Nov 24, 1960							
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 Liberty, Missouri		COUNTY Clay STATE Missouri	
21. I attended the deceased from July 1952 to Nov 24, 1960 and last saw her him alive on Nov 24, 1960 Death occurred at 1:25 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Philbur Lee D.O.		(Degree or title)		22b. ADDRESS Liberty, Missouri		22c. DATE SIGNED 11-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/25/60		23c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery		23d. LOCATION (City, town, or county) (State) Brookfield Missouri	
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 11-25-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Willair T. Hill

DEC 20 1960

Clay Missouri Jackson
 Liberty 3 weeks Kansas City
 11-14 X Catholic Hospital
 November 24 1960 MAY
 11/18/60 X
 White Female
 Housewife
 George Woodward Laura Cassidy
 11-14 X
 11-14 X

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 *Thomas B. Smith*

Licensed Embalmer No. *4954*
 P. O. Address *J. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this 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.