

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17020

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2165	
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, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 39 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 5520 Tracy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5520 Tracy Ave.				3818			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin			b. (Middle) Franklin		c. (Last) Wood, Jr.		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 22, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) street car operator		10b. KIND OF BUSINESS OR INDUSTRY K. C. Public Service		11. BIRTHPLACE (State or foreign country) Odesa, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Benjamin F. Wood			13b. MOTHER'S MAIDEN NAME Elizabeth A. Brown		14. NAME OF HUSBAND OR WIFE Lulu D. Wood		
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. 486-05-6886		17. INFORMANT'S SIGNATURE OR NAME Lula M. Wood		ADDRESS 5520 Tracy	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina Pectoris			12 hrs
DUE TO (c) coronary sclerosis				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H201			6 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Minute)		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 May 9, 1950 to May 9, 1950 , that I last saw the deceased alive on May 9, 1950 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Don Carlos Peete MD (Name or title)				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 5-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-11-1950	24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 5-11-50		REGISTRAR'S SIGNATURE Meraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons K. C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 <u>only on 5/9/50</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James D. Watson</u> (Degree or title) <u>James D. Watson, M.D.</u>				23b. ADDRESS <u>6153 Oak, Kansas City 2, Mo</u>		23c. DATE SIGNED <u>5/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>	
DATE REC'D BY LOCAL REG. <u>5-11-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u>		ADDRESS <u>K.C. MO</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. *4452*

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 this body is not embalmed, fact should be so stated above.