

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20560

State File No.

FILED JUL 1 1950

BIRTH NO. 34953-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2636

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) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	"Rural" <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 5138 Rinker Road (Route # 2)	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Allen c. (Last) WOOD			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 9th, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 2	IF UNDER 1 HR. Hours 	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Clarence E. Wood		13b. MOTHER'S MAIDEN NAME May J. Lamb		14. NAME OF HUSBAND OR WIFE --	
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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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Clarence E. Wood, Kansas City, Mo.		ADDRESS 	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Emb. thrombotic stroke</i>					<i>Final</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>maternal immunization 36 wks. gestation</i>					<i>conception</i>
	DUE TO (c) <i>-</i>					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>This child died an accidental death!</i>					7705

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11:20 AM 6-10-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-9-1950 to 6-10-1950, that I last saw the deceased alive on 6-10-1950, and that death occurred at 11:20 pm m., from the causes and on the date stated above.

23a. SIGNATURE <i>A.B. Sinclair Jr.</i> (Degree or title) M.D.		23b. ADDRESS <i>4711 Central Blvd</i>		23c. DATE SIGNED 6-13-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/13/50	24c. NAME OF CEMETERY OR CREMATORY Greenlaw Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 6-13-50	REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Melody-McGilley-Eylar</i>	ADDRESS Kansas City, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

