No. 300
10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41109

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5512

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
d. STREET ADDRESS (If rural, give location) 8445 WARD PARKWAY

2936

3. NAME OF DECEASED (Type or Print)
a. (First) Gordon
b. (Middle) HAMILTON
c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) 12-27-50

5. SEX 0 MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH JULY 20 1901
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER
10b. KIND OF BUSINESS OR INDUSTRY CAMPBELL-FRAZIER SUPPLY CO.
11. BIRTHPLACE (State or foreign country) BROWNSVILLE, ONTARIO, CANADA 2
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN H. WOOD
13b. MOTHER'S MAIDEN NAME ANNA STUARTSON
14. NAME OF HUSBAND OR WIFE MRS. BERNICE WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 321-01-0707
17. INFORMANT'S SIGNATURE OR NAME MRS. BERNICE WOOD — ADDRESS 8445 WARD PARKWAY KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal Ulcer - Resection - Peritonitis -

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Renal Shutdown

INTERVAL BETWEEN ONSET AND DEATH: 5410

19a. DATE OF OPERATION 12-21-50
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 19, 1950, *to* Dec. 27, 1950, *that I last saw the deceased alive on* Dec. 27, 1950, *and that death occurred at* 6:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Phillip H. Halperin (Degree or title) Phillip H. Halperin M.D.
23b. ADDRESS 409 PROFESSIONAL BLDG. KANSAS CITY MISSOURI
23c. DATE SIGNED Dec. 28 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Dec. 29 1950
24c. NAME OF CEMETERY OR ~~CREMATORY~~ MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 12-29-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons — ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Doyle L. Dan

Signed.....
Student Embalmer

Licensed Embalmer No. 4702

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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