

FILED MAY 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15711

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 528

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
c. LENGTH OF STAY (In this place) 2 hrs.		d. STREET ADDRESS (If rural, give location) 211 W. Elk St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DARRELL	b. (Middle)	c. (Last) WOODS	4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5-6-1938	9. AGE (In years) 13 (Month) (Day) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Grade School	11. BIRTHPLACE (State or foreign country) Manhattan, Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lee Woods	13b. MOTHER'S MAIDEN NAME Irene Fox	14. NAME OF HUSBAND OR WIFE None
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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 Lee Woods, 211 W. Elk St., City
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple skull fractures			1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fatal Concussion and DUE TO (c) Hemorrhage of the brain			1 day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Boy was fatally injured when he was thrown off his bicycle		681 1/2		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION he was riding on south second street road.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 3 / (STATE) St. Joseph Buchanan Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9th 1951 4:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bicycle collided with a passing truck
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22. I hereby certify that I attended the deceased from 5/9 1951, to 5/12 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Manda MD (Coroner)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 5/12/51
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24a. BURIAL, CREMATION, RESURRECTION (Specify) Burial	24b. DATE 5-14-51	24c. NAME OF CEMETERY OR CREMATORY Belmont	24d. LOCATION (City, town, or county) (State) Wathena, Kansas
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DATE REC'D BY LOCAL REG. May 16, 1951	REGISTRAR'S SIGNATURE Carl C. Carter	4460 FUNERAL DIRECTOR'S SIGNATURE John E. Depp	ADDRESS St. Joseph, Mo.
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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.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.