

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16906

1943

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Hickman Mills Missouri		d. STREET ADDRESS (If rural, give location) 103rd and Hillcrest Road			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1							
3. NAME OF DECEASED (Type or Print)		a. (First) CLARENCE		b. (Middle) Elmer		c. (Last) WOODROME	
4. DATE OF DEATH		(Month) (Day) (Year)		May 4 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 21 YRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck		10b. KIND OF BUSINESS OR INDUSTRY Hauler		11. BIRTHPLACE (State or foreign country) Needmore Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clinton Woodrome		13b. MOTHER'S MAIDEN NAME Armetta Friend		14. NAME OF HUSBAND OR WIFE Dovie Woodrome			
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. 487-12-7888		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dovie Woodrome Hickman Mills 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, asthma, 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) Acute myocardial infarction					
		ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis					
		DUE TO (c) Coronary arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion & edema				4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 2 , 19 51 , to May 4 , 19 51 ; that I last saw the deceased alive on 5-4 , 19 51 , and that death occurred at 12:25P m., from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns				23b. ADDRESS General Hospital #1		23c. DATE SIGNED 5-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-7-1951		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Jackson Co Missouri	
DATE REC'D BY LOCAL REG 5-5-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wornall Funeral Home			

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
Student Embalmer

Student Embalmer No.

Signed

Russell W. France

Licensed Embalmer No. *4255*

P. O. Address.....

K. C. Me

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.