

No. 30
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **635**

FEB 4 1952
BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 5

240

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rt. 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 J. Highway Clay Co.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>Lear</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Dec. 25, 1946</u>		9. AGE (In years last birthday) <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>Arthur L. Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Fle ta May Kern</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur L. Woods</u> ADDRESS <u>Rt. 2 Liberty, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, acute, lymphatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Aug, 1951, to Jan 26, 1952; that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sloan A. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>U. of Kansas Med Center, K.C.Ks.</u>		23c. DATE SIGNED <u>Jan 28, 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem. Gardens</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clay County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Jan 28-1952</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomer's Sons</u> ADDRESS <u>North Kansas City, Mo.</u>	
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Dr. Sloan Wilson

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed..... *Glen H. Hill*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Princeton, 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.