

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5352
866

State File No.

FILED MAR 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>		OR TOWN <u>Kansas City,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3028 AGNES</u>				d. STREET ADDRESS (If rural, give location) <u>3028 Agnes</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Walter</u>		c. (Last) <u>Woods</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Oct. 18 1874</u>		9. AGE (In years last birthday) <u>77</u>	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) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Park Board Emp.</u>		11. BIRTHPLACE (State or foreign country) <u>Calhoun, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Hugh B. Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Isabella T. Kidd</u>		14. NAME OF HUSBAND OR WIFE <u>Bettie May Woods</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Woods</u> ADDRESS <u>4700 Antiock Rd. K.C. North</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Coronary Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>2 yrs.</u> <u>2 yrs.</u> <u>3 mo.</u>	
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) <u>4201</u>					
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 <u>Feb 1</u> , 19 <u>48</u> , to <u>Feb 21</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Feb. 21</u> , 19 <u>52</u> , and that death occurred at <u>11:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>306 E 12 St. Kansas City, Mo.</u>		23c. DATE SIGNED <u>7/2/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 23 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri City, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-23-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.J. FORSTER 918 Brooklyn Kas. City, Mo.</u>					

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

Dr J. R. Caldwell
Angyle 12059
~~40054556~~
4014574
New - Hi 7644

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.....
J. Virgil Herrick
Licensed Embalmer No. 3599
P. O. Address J. R. Caldwell

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.