F.S. No. 300
REV. 10.48

NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39025

State File No. 4920

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

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): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 433 No White Avenue

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 Mo
d. STREET ADDRESS (If rural, give location): 433 No. White Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Chauncy
c. (Last): Woodworth

4. DATE OF DEATH (Month) (Day) (Year): November-7-1952

5. SEX: MALE

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB-10-1876

9. AGE (In years last birthday): 76
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): RETIRED-20 YEARS

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (City and State or Foreign Country): WATERLOO IOWA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH HENRY WOODWORTH

13b. MOTHER'S MAIDEN NAME: EMMA MAY GRAHAM

14. NAME OF HUSBAND OR WIFE: MRS. MAUDE WOODWORTH

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.: NONE

17. INFORMANT'S SIGNATURE OR NAME: MRS EARL WOODWORTH
ADDRESS: 433 N. White K.C. 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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. Chronic Valvular Heart Disease

42.01

19a. DATE OF OPERATION

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* 11-3, 1952, *to* 11-7, 1952, *that I last saw the deceased alive on* 11-3, 1952, *and that death occurred at* 3:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. Williams MD (Degree or title)

23b. ADDRESS 5400 S. Troost Av K.C. Mo

23c. DATE SIGNED 11/7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 11/10/52

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.: 11-10-52

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: Newcomer's Sons
ADDRESS: 1331 Brush Creek K.C. Missouri

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed: Charles H Stickney

Licensed Embalmer No. 5560

P. O. Address K.C. 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.