

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1696  
Registrar's No. 173

FILED FEB 14 1953  
BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b> |  | b. COUNTY<br><b>Jackson</b>                                       |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>                           |  | d. STREET ADDRESS (If rural, give location)<br><b>1617 Euclid</b> |  |
| c. LENGTH OF STAY (in this place)<br><b>30 yrs.</b>  |  | 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Queenzy Woods</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Wheatley Provident</b>                       |  | b. (Middle)  |  | c. (Last)   |  |

|   |  |                         |  |                                    |  |  |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
|---|--|-------------------------|--|------------------------------------|--|--|--|--|--|--|--|---|--|-----------------------------------|--|--|--|--|--|
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 11, 1953</b> |  | 5. SEX<br><b>Female</b> |  | 6. COLOR OR RACE<br><b>Colored</b> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  | 8. DATE OF BIRTH<br><b>Dec. 12, 1904</b> |  | 9. AGE (In years last birthday) Months Days<br><b>48</b> |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Maid</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Shreveport, Louisiana</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |  |
|---|--|-------------------------|--|------------------------------------|--|--|--|--|--|--|--|---|--|-----------------------------------|--|--|--|--|--|

|   |  |  |  |  |  |  |  |  |                               |  |  |
|---|--|--|--|--|--|--|--|--|-------------------------------|--|--|
| 13a. FATHER'S NAME<br><b>Henry Phelps</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Susie Gooden</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Robert Woods</b>       |  |  |                               |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  |  | 16. SOCIAL SECURITY NO.<br><b>491-20-6576</b>    |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Robert Woods</b> |  |  | ADDRESS<br><b>1617 Euclid</b> |  |  |

|  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia</b>   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 wks</b> |  |
|  |  | ANTECEDENT CAUSES<br>DUE TO (b) <b>Lobar Pneumonia</b><br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> |  |  |  |  |  |  |  |
|  |  | DUE TO (c)  |  |  |  |  |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>                        |  |  |  |  |  | <b>490x</b>                                      |  |

|  |  |  |                                  |  |   |  |  |  |  |  |
|--|--|--|----------------------------------|--|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  |  | 19b. MAJOR FINDINGS OF OPERATION |  |   |  |  |  | 20. AUTOPSY?<br>YES <input 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) 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 12-26, 19 52, to 1-11, 19 53, that I last saw the deceased alive on (11) 19 53, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |   |                                   |   |  |                                     |   |  |                                    |  |  |
|--|--|---|-----------------------------------|---|--|-------------------------------------|---|--|------------------------------------|--|--|
| 23a. SIGNATURE<br><i>[Signature]</i>                       |  |   | P. C. Turner MD (Degree or title) |   |  | 23b. ADDRESS<br><b>1433 E. 19th</b> |   |  | 23c. DATE SIGNED<br><b>1-13-53</b> |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>1/17/53</b>                 |                                   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln Cemetery</b> |  |                                     | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |                                    |  |  |
| DATE RECD' BY LOCAL REG.<br><b>1-13-53</b>                 |  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |                                   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>[Signature]</i><br>ADDY \$5 |                                     |   |  |                                    |  |  |

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

*L. P. C. [unclear]*

**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 *Bruce R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.