No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 39359

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5270

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo.
c. LENGTH OF STAY (In this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: De Kalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City Mo. DE KALB
d. STREET ADDRESS (If rural, give location): Box 7 King city Mo

**3. NAME OF DECEASED** (Type or Print): a. (First) Addie b. (Middle) E. c. (Last) Wood

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 5 1953

**5. SEX**: Fem.
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Oct 8, 1869
**9. AGE** (In years last birthday): 84 | 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Clarinda Clarinda Iowa
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: George Clark
**13b. MOTHER'S MAIDEN NAME**: Nelly Squire
**14. NAME OF HUSBAND OR WIFE**: Marvin Wood

**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**: Georgia Wood ADDRESS: 115 W 39 Kansas City

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hemorrhage from esophageal varices — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cirrhosis of the liver

DUE TO (c) terminal heart failure

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* chronic heart failure, pneumonia — 581D

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [X] 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* As Pathologist, 19__, to _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:50 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Hobart R.B. Allebach (Degree or title): Hobart R.B. Allebach, M.D.
**23b. ADDRESS**: 2300 Holmes, K.C. Mo.
**23c. DATE SIGNED**:

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Nov 5, 53
**24c. NAME OF CEMETERY OR CREMATORY**: King city
**24d. LOCATION** (City, town, or county) (State): King city, Mo

**DATE REC'D BY LOCAL REG.**: 11-6-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: Roland H. Clark
**ADDRESS**: King city Mo

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Roland W Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4477

P. O. Address Kingsley, Me

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**