

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16263

State File No.

FILED JUN 9 1954

2266

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			e. STREET ADDRESS (If rural, give location) <u>4400 St. John</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Silas</u>	c. (Last) <u>Woods</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 18 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 28, 1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pulasky, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jerome S. Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>May Woods</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>492-26-0126</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Roy Woods</u> ADDRESS <u>1900 Chelsea N.C.M.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive gastro intestinal hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Multiple superficial gastric ulcerations</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5400</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)	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>May 3, 1954</u> , to <u>May 18, 1954</u> , that I last saw the deceased alive on <u>May 18, 1954</u> , and that death occurred at <u>5:15A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>5-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-19-54</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son</u> ADDRESS <u>N.C.M.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *1765*

P. O. Address *1. Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.