

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23198

State File No. ....

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2847

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>9 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1415 Wabash</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Carl</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Wood</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1954</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 20, 1909</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (If a kind of work done during most of working life, even if retired) <b>Brick Layer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Different Contractors</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Clarence Wood</b>	13b. MOTHER'S MAIDEN NAME <b>Clemma Kee</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Wood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. #2</b>	16. SOCIAL SECURITY NO. <b>491-05-1422</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mildred Wood</b>	ADDRESS <b>1415 Wabash K.C., Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiated Gophagast Varies</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver (Jaenney)</b>		
	DUE TO (c)		<b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5810</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>Kansas City Jackson Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from April 29, 1954 to June 23, 1954, that I last saw the deceased alive on June 23, 1954, and that death occurred at 6:27 m. from the causes and on the date stated above.

23a. SIGNATURE <b>Richard L. Lehner</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1002 Grand Kansas City, Mo.</b>	23c. DATE SIGNED <b>6/24/54</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6/25/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-23-54</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barp &amp; Sons</b>	ADDRESS <b>4139 Truman Rd. K.C.,</b>
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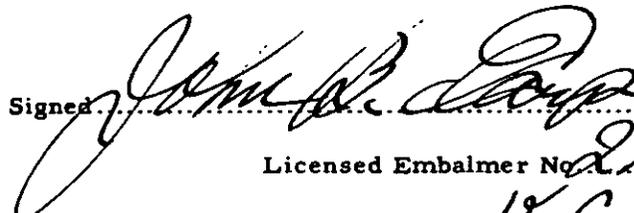
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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  .....,  
Licensed Embalmer No. 293  
P. O. Address N.C. 9

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.