

STANDARD CERTIFICATE OF DEATH

State File No. 233306

10.48

000
1

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

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 283			
1. PLACE OF DEATH a. COUNTY JACKSON (Rural Blue)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 39 YEARS		c. CITY OR TOWN KANSAS CITY		d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? No			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4140 RAYTOWN ROAD				e. STREET ADDRESS (If rural, give location) (Rural Blue) 4140 RAYTOWN ROAD					
3. NAME OF DECEASED (Type or Print) a. (First) EULA		b. (Middle) ELIZABETH W.		c. (Last) WOOD		4. DATE OF DEATH (Month) (Day) (Year) JULY-8-1954			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH JUNE-2-1915			
9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Months		11. IF UNDER 2 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 (City and State or Foreign Country) KANSAS CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM T. WISS		13b. MOTHER'S MAIDEN NAME CLARA RUTERBUSCH		14. NAME OF HUSBAND OR WIFE CHARLES G. WOOD					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-16-7646		17. INFORMANT'S SIGNATURE OR NAME CHARLES G. WOOD		ADDRESS 4140 RAYTOWN RD. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				Antecedent Causes				1-hr?	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerotic Cardiovascular Dyp.					
DUE TO (c) Old Rheumatic endocarditis years? 7				DUE TO (d) Hypertensive heart disease 10 yrs.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 416X						20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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		21d. (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 May 1, 1954, to July 8, 1954, that I last saw the deceased alive on May 1, 1954 and that death occurred at 9:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Robert D. Russell, M.D.				23b. ADDRESS Raytown Mo.		23c. DATE SIGNED July 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 12 1954		24c. NAME OF CEMETERY OR CREMATOR NEW HOPE CEMETERY		24d. LOCATION (City, town, or county) LIBERTY MISSOURI			
DATE REC'D BY LOCAL REG. 7-12-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			

FEB 3 1955

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 *Edward M. Sta*

Licensed Embalmer No. *44*

P. O. Address *K.C. 10*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.