No. 300
10.48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1347

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 113

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MERCER
c. CITY OR TOWN: PRINCETON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 0650

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) E c. (Last) Woods

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 55

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 7-1-17

9. AGE (In years last birthday): 37 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): CIRCUT CLERK

10b. KIND OF BUSINESS OR INDUSTRY: COUNTY

11. BIRTHPLACE (City and State or Foreign Country): PRINCETON MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ORLEY WOODS

13b. MOTHER'S MAIDEN NAME: IDA ROSS

14. NAME OF HUSBAND OR WIFE: CHARLENE WOODS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME: RUSSELL R. WOODS ADDRESS: 5844 McGEE K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☒ 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* Aug, 1953, *to* 1-8, 1955, *that I last saw the deceased alive on* 1-8, 1955, *and that death occurred at* 8:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE V. B. Ballard (Degree or title) MD — V. B. Ballard MD

23b. ADDRESS 411 Michigan Rd Kansas City Mo

23c. DATE SIGNED 1-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 1-8-1955

24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN

24d. LOCATION (City, town, or county) (State): PRINCETON, MISSOURI

DATE REC'D BY LOCAL REG.: 1-8-55

REGISTRAR'S SIGNATURE: Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geo. C. Carson Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

JS JUN 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D. Marble

Licensed Embalmer No. 45

P. O. Address Indep.

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