

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19054**
2374

FILED JUL 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2374</u>		
1. PLACE OF DEATH a. COUNTY Jackson				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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 24 hrs.		c. CITY OR TOWN Independence		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 General Hospital #2				f. STREET ADDRESS (If rural, give location) 434 W. Mill St.				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Woodley c. (Last)			4. DATE OF DEATH Month 5 Day 29 Year 55					
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1916 Sept. 14, 1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City Market		11. BIRTHPLACE (City and State or Foreign Country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Mason Woodley		13b. MOTHER'S MAIDEN NAME Julia Little		14. NAME OF HUSBAND OR WIFE Geneva Woodley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-07-4154		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Woodley 434 W. Mill				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Gangrene of Scrotum & Penis ANTECEDENT CAUSES DUE TO (b) Urinary Obstruction. DUE TO (c) urethral stricture - hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Septicemia					INTERVAL BETWEEN ONSET AND DEATH 6/10 X	
19a. DATE OF OPERATION 5/28/55		19b. MAJOR FINDINGS OF OPERATION Urinary Obstruction.				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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased <u>alive on _____ 19____ and that death occurred at _____ m., from the causes and on the date stated above.</u>								
23a. SIGNATURE L. M. Tiltman (Degree or title) M. D.				23b. ADDRESS 1618 Lydia Ct.		23c. DATE SIGNED 5/31/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/4/55	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Missouri			
DATE REC'D BY LOCAL REG. 6-1-55		REGISTRAR'S SIGNATURE Geneva Woodley		25. FUNERAL DIRECTOR'S SIGNATURE C. C. Daniel		ADDRESS 1415 Woodward		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. M. Tiltman

Chandler

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 *Landis H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K.C.*

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.