

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37097

State File No.

4858

FILED NOV 29 1955

| | | | | | | | |
|---|-------------------------------|--|--------------------------------------|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>12 days</u> | | c. CITY OR TOWN <u>Carrollton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Rupe, Hotel 017</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> | | | b. (Middle) <u>S.</u> | | c. (Last) <u>WOODLAN, SR.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1955</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>May 30, 1881</u> | | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bus Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Woodlan Green</u> <u>Casson Woodlan</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Reed Woodlan</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>193-12-0427</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Chas. S. Woodlan, jr.</u> ADDRESS <u>4203 W. 62 Terr. Mission Ks</u> | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u> <u>HEART ATTACK</u> | | | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> | |
| *This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death. | | | | 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 | | | | Large liver abscess, secondary | | 4201 | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>As chronic cholecystitis</u> | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input 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>Nov 4</u> , 19 <u>55</u> , to <u>Nov 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 9</u> , 19 <u>55</u> , and that death occurred at <u>5:40</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. G. Kettner</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>11/10/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-10-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>11-10-55</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u> ADDRESS <u>K.C. MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Edward J. Kettner
Prof. Bldg. Rm. 2892

EJP 5:41

revised

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 *J. S. Malton*.....

Licensed Embalmer No. *27*

P. O. Address *K. C. 7*.....

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.