No. 300
10.48

1581

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 6 1956

# STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 7

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Prairie
c. LENGTH OF STAY (In this place): 1 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 8305 Pershing Rd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jasper
b. (Middle): Davidson
c. (Last): Wooten

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 25, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 26, 1878
**9. AGE** (In years last birthday): 77 — 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): Retail Newspapers
**10b. KIND OF BUSINESS OR INDUSTRY**: Newspaper
**11. BIRTHPLACE** (State or foreign country): Ringo, Georgia
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Benjamin Wooten
**13b. MOTHER'S MAIDEN NAME**: Melaine Bandy
**14. NAME OF HUSBAND OR WIFE**: ----------

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. — (If yes, give war or dates of service): -----
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Marion Wooten, Webb 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, asthenia, 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) Hypertensive Cardiovascular Renal Disease

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.* 443X

**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* 1-23, 1956, *to* 1-25, 1956, *that I last saw the deceased alive on* 1-24, 1956, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Jacob Kraft
(Degree or title): M. D.
**23b. ADDRESS**: 701 E 63rd St
**23c. DATE SIGNED**: 1-25-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 1-25-1956
**24c. NAME OF CEMETERY OR CREMATORY**: Lake Cemetery
**24d. LOCATION** (City, town, or county) (State): LAMAR, Mo.

DATE REC'D BY LOCAL REG.: 1-25-56
REGISTRAR'S SIGNATURE: N. B. Langford 483
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Thornhill-Dillon Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 _____
Student Embalmer

Signed N. B. Langsford Jr.

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, Mo.

**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 this body is not embalmed, fact should be so stated above.