

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24057**
Registrar's No. **2732**

FILED JUL 18 1956

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|--|--|---|--|---|--|---|--|
| 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>Kansas</u> b. COUNTY <u>Wyandotte</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (in this place) <u>6 Mo.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | 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 <u>General Hospital # 2</u> | | | | e. STREET ADDRESS (If rural, give location) <u>263 N. 9th. st.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Albert Woods</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 20 1956</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>6-5-1937</u> | |
| 9. AGE (In years last birthday) <u>19</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wagner, Oklahoma</u> | |
| 12. CITIZENRY OF WHAT COUNTRY? <u>U. S. &</u> | | 13a. FATHER'S NAME <u>Harry Woods</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mildred Higginbotham</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>515-32-5069</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Woods</u> ADDRESS <u>406 Nebraska ave. K.C. Kan.</u> | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal Ulcer with Terminal Gastro Intestinal Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pulmonary Congestion & Edema, with Interstitial Pulmonary Hemorrhage</u> DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>541</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 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) _____ | |
| 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>Never-Coroners, Case</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:45P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u> | | | | 23b. ADDRESS <u>Room 1034 Rialto Bldg. 9th. & Grand-K.C. Mo.</u> | | 23c. DATE SIGNED <u>6/22/1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-25-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>6-22-56</u> | | REGISTRAR'S SIGNATURE <u>Merna Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u> ADDRESS <u>440 State ave. K. C. Kansas</u> | | | |

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.....
Signature of Student Embalmer

Signed *Eugene English*
Licensed Embalmer No. *4107*

P. O. Address *47 CED. St. K.P.*

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.