

Health,
Welfare
Public
Service

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

T. Reid Jones

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34336 ✓
STATE FILE NUMBER
4486

FILED NOV 7 - 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4486

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				Length of stay in lbs 46 LBS		d. STREET ADDRESS WINDMERE APTS. location) 601 E. ARMOUR BLVD.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last CLARIBEL W WOODWARD				4. DATE OF DEATH Month Day Year OCT. 12, 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 5, 1888		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) RETIRED TEACHER			10b. KIND OF BUSINESS OR INDUSTRY SOUTH EAST HIGH SCHOOL		11. BIRTHPLACE (City and state or country) ATLANTA, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE WOODWARD				14. MOTHER'S MAIDEN NAME LOUISE FANNESTOCK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT WARD Address MISS MARGUERITE WOOD 714 EAST 82ND STREET CHICAGO, ILLINOIS		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis Bi Rad. DUE TO (b) Paralysis During Sept DUE TO (c) Asphyxiation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Asphyxiation -							INTERVAL BETWEEN ONSET AND DEATH 175+
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9-19-56 to 10-12-56 and last saw her alive on 10-12-56 Death occurred at 1:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE T. Reid Jones (Degree or title)				22b. ADDRESS M.D. 236 Playa Five Bldg.		22c. DATE SIGNED 10-13-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE OCT. 14, 1956	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State)
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331-BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 10-15-56		26. REGISTRAR'S SIGNATURE neva mirabal		

1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Rollie Kessel

Licensed Embalmer No. *469*

P. O. Address..... *K.C.M.*

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.