

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5097

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 489

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 716 E. 33RD. St.		Length of stay in lb 45 YEARS	d. STREET ADDRESS (If outside, give location) 716 E. 33RD STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARL Middle ELMORE Last WOOD			4. DATE OF DEATH JANUARY 30 - 1957 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL - 6 - 1875	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSMAN		10b. KIND OF BUSINESS OR INDUSTRY K.C. STAR		11. BIRTHPLACE (City and state or country) FULTON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME RUFUS WOOD		
14. MOTHER'S MAIDEN NAME SARAH LONG			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. 486-10-4203			17. INFORMANT HAZEL WOOD 716 E. 33RD. K.C. Mo. Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Terminal, Hypostatic Pneumonia					4 days
DUE TO (c)					4 1/2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Jan. 12/57 to Jan. 30/57 and last saw him alive on Jan. 30/57 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS 1908 Woodlawn, Kansas City, Mo.		22c. DATE SIGNED 1/31/57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE FEB-1-1957	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S CREMATORY		23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, Mo. ADDRESS 1331 BRUSH ST. KANSAS CITY, Mo.		25. DATE RECD. BY LOCAL REG. 1-31-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

health, Welfare, Public Service
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 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 W. D. Stipe

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.....

Richard L. Doyne

Licensed Embalmer No.

P. O. Address.....

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.