. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56 2

Securing the medical certification in the specific manner required by 193.140 Mo. Rs. 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12244
STATE FILE NUMBER

FILED MAY 13 1957 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 492

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp. #2 — Length of stay in 1b 59 yrs

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Barry — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 0830 (If outside, give location) 0 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EDWIN Middle W. Last WOOD
4. DATE OF DEATH Month APRIL Day 21, Year 1957
5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 12, 1877
9. AGE (In years last birthday) 79 — 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) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W. L. Wood
14. MOTHER'S MAIDEN NAME Grace Nicol
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. none
17. INFORMANT Address (Sister) Miss Nellie Wood, Bonner Springs, Ks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 21, 1957 to April 21, 1957 and last saw him alive on Apr 21, '57
Death occurred at 11:40PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mohammad Qahir M.D. 0
22b. ADDRESS State Hospital #2, City
22c. DATE SIGNED 5-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Apr 22, 1957
23c. NAME OF CEMETERY OR CREMATORY Platte City Cem.
23d. LOCATION (City; town, or county) (State) Platte City, Missouri

24. FUNERAL DIRECTOR ADDRESS Rollins & Mitchell, Platte City, Missouri
25. DATE RECD. BY LOCAL REG. May 6, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

495 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Giffee

Licensed Embalmer No. 4725

P. O. Address Platte City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.