

FILED NOV 1 1957

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36245  
STATE FILE NUMBER  
4679

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

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 1326 Michigan			Length of stay in lb 19 years		d. STREET ADDRESS (If outside, give location) 1326 Michigan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Amos Woodard				4. DATE OF DEATH Month Day Year Oct. 6, 1957					
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/16/1882		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Albert Woodard			13b. MOTHER'S MAIDEN NAME Biley			14. NAME OF HUSBAND OR WIFE unk.			
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. 493-22-6365A		17. INFORMANT Jackson County Welfare			Address K. C. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency DUE TO (b) Chronic Valvular Heart Disease DUE TO (c) Hypertensive Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peripheral Edema								INTERVAL BETWEEN ONSET AND DEATH 443*	
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Deputy Coroner				22b. ADDRESS 1618 Lydia Ave				22c. DATE SIGNED 10/8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-11-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary			23d. LOCATION (City, town, or county) (State) Kansas City, Kans		
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C. Mo.				25. DATE RECD. BY LOCAL REG. 10-9-57		26. REGISTRAR'S SIGNATURE Neva Minshall			



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 *Conrado A. Galmy, B.S.*

Licensed Embalmer No. *4944*  
P. O. Address *K.S., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.