

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39655

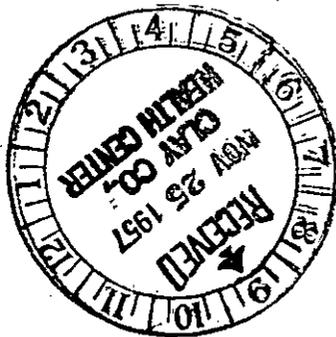
STATE FILE NUMBER

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		c. CITY OR TOWN Liberty	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR 3		d. STREET ADDRESS RR# 3	
3. NAME OF DECEASED (Type or print) First Richard Middle Kidder Last Woodson		4. DATE OF DEATH Oct. 31, 1957	
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 Feb. 20, 1901
10a. USUAL OCCUPATION (Give kind of work done in usual working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY KC Power & Light	
11. BIRTHPLACE (City and state or country) Clay County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Woodson		14. MOTHER'S MAIDEN NAME Pearl Moyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. John Goodman Liberty, 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) Asphyxiation by smother & locks of oxygen DUE TO (b) House partially burned & exhausted oxygen DUE TO (c) Possible smothering in bed by wife PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) E9160 16	
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY Clay STATE MO	
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) D. S. Pate med. Examiner		22b. ADDRESS North Kansas City, Mo	
22c. DATE SIGNED 11/4/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-5-57	
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Liberty, Missouri	
24. FUNERAL DIRECTOR Tyler-Pasley Liberty, Missouri		25. DATE RECD. BY LOCAL REG. 11-19-57	
26. REGISTRAR'S SIGNATURE Mabel Graham			



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 *John Parley*.....

Licensed Embalmer No. *430*.....

P. O. Address *Liberty*.....

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.