. Health, & Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014552
STATE FILE NUMBER 1813

FILED APR 23 1958

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1007 Highland — Length of stay in Ib: 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1007 Highland — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anna Middle: Gertrude Last: Woods
4. DATE OF DEATH: Month April Day 8 Year 1958
5. SEX: F
6. COLOR OR RACE: Col
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 6, 1910
9. AGE (In years last birthday): 48 — 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): Nurses Aid
10b. KIND OF BUSINESS OR INDUSTRY: Nurses
11. BIRTHPLACE (City and state or country): Smithton Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Joseph Duvall
13b. MOTHER'S MAIDEN NAME: Ellen Anderson
14. NAME OF HUSBAND OR WIFE: Syvester Woods
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.: 492-26-5226
17. INFORMANT: (sister) Mable Kenner Address: 1007 Highland

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): Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 ☐ NO ☒

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 Feb. 5, 1958, to present and last saw her/him alive on March 21, 1958
Death occurred at 4/8/58 at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Alexander Shiffrin (Degree or title) M. D.
22b. ADDRESS: 701 East 63rd, K.C. 10, Mo.
22c. DATE SIGNED: 4/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-8-58
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Annex
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR ADDRESS: Badeau, Appleton & Jones, K.C., Mo
25. DATE RECD. BY LOCAL REG.: 4-8-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Alexander Shiffrin

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 Consuelo Gladys Ba

Licensed Embalmer No. 4944

P. O. Address K. C., 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.