

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018619

STATE FILE NUMBER
2516

FILED JUN 5 1958

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Trinty Hosp.		Length of stay in lb 19 Years	d. STREET ADDRESS (If outside, give location) 1317 W. 41 Street
3. NAME OF DECEASED (Type or print) MARY LOUISA WOOD		4. DATE OF DEATH Month May Day 16 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1882
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and state or country) Paola, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William B. Bowen	
13b. MOTHER'S MAIDEN NAME Mary Louise Oyster		14. NAME OF HUSBAND OR WIFE G.H. Wood	
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. None	
17. INFORMANT Earl B. Wood		Address 504 Williamson Winslow, Arizona	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage with embolus - malaria			INTERVAL BETWEEN ONSET AND DEATH 26 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerotic hypertensive disease			381K
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 <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.) None	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <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.) Kansas City (Jackson) Missouri	
21. I attended the deceased from 4/20/58 to 5/16/58 and last saw her/him alive on 5/16/58 Death occurred at 12:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fred C. Young M.D.		22b. ADDRESS 14015th Blvd. K.C.-Ks.	
22c. DATE SIGNED 5/17/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 19, 1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Topeka, Kansas	
24. FUNERAL DIRECTOR Freeman Mortuary		25. DATE RECD. BY LOCAL REG. 5-17-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

Fred C. Young

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

300
-57

All diseases in Part I must be causally related.

Doctor, coroner, etc. must use only standard nomenclature in Part I.

*Mr. Fred Fleming
1401 S.W. 16th St.
2-5*

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*
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.**