

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025889

STATE FILE NUMBER 3254

FILED JUL 25 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) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP. | | Length of stay in 1b 30 YEARS | d. STREET ADDRESS (If outside, give location) 2937 WYANDOTTE ST. |
| 3. NAME OF DECEASED (Type or print) First MARY Middle WOOD Last | | | 4. DATE OF DEATH Month Day Year JUNE-27-1958 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 11-16-1873 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-25 YEARS-NURSE | | 9b. KIND OF BUSINESS OR INDUSTRY REGISTERED | 9c. AGE (In years last birthday) 83 84 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 10c. BIRTHPLACE (City and state or country) KEYTESVILLE, MISSOURI |
| 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME THOMAS JEFFERSON HANCOCK | | 13b. MOTHER'S MAIDEN NAME MARTHA WINIFREE | 14. NAME OF HUSBAND OR WIFE RALPH 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 MISS MARY JONES Address 29 FALMOUTH STREET EDISON, MASSACHUSETTS |
| 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 (acute) | | | INTERVAL BETWEEN ONSET AND DEATH 12 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | 4201 |
| 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.) | |
| 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 Death occurred at June 9 58 8:42 A. | | and last saw her alive on June 27/58 and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE J. J. Farnsworth MD | | 22b. ADDRESS 1103 Grandview | 22c. DATE SIGNED 6/30/58 |
| 23a. BURIAL CREMATION REMOVAL Removal | 23b. DATE 7-1-58 | 23c. NAME OF CEMETERY OR CREMATORY BLACKWELL CEMETERY | 23d. LOCATION (City, town, or county) (State) BLACKWELL OKLAHOMA |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER & SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 7-1-58 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. J. FARNSWORTH



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 *Chester K Brown*

Licensed Embalmer No. *492/*

P. O. Address *KE 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.