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FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005984
STATE FILE NUMBER 689

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

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 217 Plaza Time Bld. non Resident — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE ~~Missouri~~ Kansas b. COUNTY ~~Jackson~~ Johnson
c. CITY OR TOWN Stillwell, Kansas 9150 8 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. # 1 — Reside on Farm Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print) First: LAWRENCE Middle: E. Last: WOOD, M. D.

**4. DATE OF DEATH** Month: Feb. Day: 3 Year: 1959

**5. SEX** Male

**6. COLOR OR RACE** White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** Jan. 8, 1900

**9. AGE** (In years last birthday) 59 — 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) Medical Doctor

**10b. KIND OF BUSINESS OR INDUSTRY** Medicine

**11. BIRTHPLACE** (City and state or country) Clay Center, Kansas

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Edward Wood

**13b. MOTHER'S MAIDEN NAME** Angie Carter

**14. NAME OF HUSBAND OR WIFE** Agnes Wood

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 2

**16. SOCIAL SECURITY NO.** —

**17. INFORMANT** Mrs. Agnes Wood - R. R. # 1, Stilwell (Kansas) — Address

**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) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — 6 months
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 Nov. 12, 1958, to Feb 3, 1959 and last saw her/him alive on Jan. 29, 1959
Death occurred at ~~Kansas City, Mo. 325~~ p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Max S. Allen, M.D.

**22b. ADDRESS** K.U. Medical Center, K. C. Kans.

**22c. DATE SIGNED** 2-4-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**23b. DATE** Feb. 6, 1959

**23c. NAME OF CEMETERY OR CREMATORY** —

**23d. LOCATION** (City, town, or county) Riley, (State) Kansas

**24. FUNERAL DIRECTOR** Stine & McClure Und. Co., K.C., Mo — ADDRESS

**25. DATE RECD. BY LOCAL REG.** 2-5-59

**26. REGISTRAR'S SIGNATURE** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Max S. Allen

## 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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.