Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-010465
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY PLATTE
b. CITY OR TOWN TWA OVERHAUL BASE — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION MID-CONT. INT. AIRPORT — Length of stay in 1b 30 MIN.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2506 PERRY (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle LUTHER Last WOODSON
4. DATE OF DEATH: Month MAR. Day 5 Year 1959

5. SEX M
6. COLOR OR RACE NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT. 18, 1908
9. AGE (In years last birthday) 50 — 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY AIR BASE
11. BIRTHPLACE (City and state or country) KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH WOODSON
13b. MOTHER'S MAIDEN NAME HATTIE PARKER
14. NAME OF HUSBAND OR WIFE LILLIAN WOODSON

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.
17. INFORMANT LILLIAN WOODSON, Address 624 So. 7th PHOENIX, ARIZ.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH
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) 4261
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 ___ to ___ and last saw her/him alive on ___
Death occurred at APPROX 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roland M. Giffee (Degree or title) Coroner
22b. ADDRESS Platte City, Mo.
22c. DATE SIGNED 3-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-11-59
23c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEM.
23d. LOCATION (City, town, or county) KANSAS CITY (State) Mo.

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home ADDRESS 18th & Benton
25. DATE RECD. BY LOCAL REG. 3-11-1959
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1959

MAR 30 1959

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.