

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029392

FILED VS. SEP 14 1959 149

Primary Registration District No. 1002 Registrar's No. 4220

STATE FILE NUMBER

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Rays</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in 1b <u>—</u> | c. CITY OR TOWN <u>Richmond</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3811 E. 6th St</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Richmond</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|------------------------------|---|--|---|---|---|
| 3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle <u>J.</u> Last <u>Wood</u> | | | 4. DATE OF DEATH Month <u>8</u> Day <u>29</u> Year <u>59</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>12-18-1869</u> | 9. AGE (last birthday) <u>69</u> | | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Richmond, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 10c. FATHER'S NAME <u>Robert Wood</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Name <u>Clyde R. Wood</u> Address <u>3811 E. 6th St K.C. Mo</u> | | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of The Lung

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) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH Not Known

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|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>July 20 1959</u> to <u>Aug 29 1959</u> and last saw ^{him} <u>6 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>Aug 27 1959</u> | | | |

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|--|-----------------------------|--|---|--------------------------------------|--|
| 22a. SIGNATURE (Degree or title) <u>Paul A. G. Johnson M.D.</u> | | 22b. ADDRESS <u>5111 Linden Ave K.C. Mo</u> | | 22c. DATE SIGNED <u>Aug 29 59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>8-29-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>—</u> | 23d. LOCATION (City, town, or county) (State) <u>Richmond Mo</u> | | |
| 24. FUNERAL DIRECTOR <u>Dr. O. Newcomer, U.S.C.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-30-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | |

DOCUMENT

BY AFFIDAVIT OF Paul A. G. Johnson M.D. MEDICAL CERTIFICATION

John Paul Johnson
111 Independence

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Walsbeck

Licensed Embalmer No. 494
P. O. Address No. Kansas

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.