

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046441

FILED VS JAN 11 1961

6377

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>				
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>1 mo.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>New Hope Nursing Home 101 East 36th</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>301 N. 31st</b>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>SAMUEL ABRAHAM WOOD</b>				4. DATE OF DEATH Month Day Year <b>Dec. 16, 1960</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cauc.</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/26/1881</b>		
9. AGE (last birthday) <b>79 yrs.</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. steam fitter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>StFe R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Roscoe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John A. Wood</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Strickler</b>			14. NAME OF HUSBAND OR WIFE <b>Della E. Wood (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Everett W. Wood 301 N. 31st K.C.Ks.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-Vascular Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b> DUE TO (c) <b>Changes of age</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hours</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year								
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>June 3, 1960</u> to <u>Dec 11, 1960</u> and last saw <sup>her</sup> alive on <u>Dec 11, 1960</u> Death occurred at <u>3:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Charles A. Roberts MD</b>				22b. ADDRESS <b>355 New Brotherhood Bldg, K.C.Ks</b>			22c. DATE SIGNED <b>12/17/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/19/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Memo. Gds.</b>		23d. LOCATION (City, town, or county) (State) <b>Wyandotte Co. Ks.</b>		
24. FUNERAL DIRECTOR <b>Geo. F. Porter &amp; Sons K.C.Ks.</b>				25. DATE RECD. BY LOCAL REG. <b>12-19-60</b>		26. REGISTRAR'S SIGNATURE <b>H-L Sawyer</b>		

DOCUMENT

Charles A. Roberts M.D. CROCKFORD MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Howard L. Port

Licensed Embalmer No. 3751

P. O. Address 19th & Minnes  
Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.