

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1695 -61-014076  
STATE FILE NUMBER

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

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

FILED APR 26 1961

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b  
Kansas City 36 yrs.

c. CITY OR TOWN Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes  No   
General Hosp

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No   
2421 Holmes

3. NAME OF DECEASED (Type or print) First Middle Last  
Iwona M Woods

4. DATE OF DEATH Month Day Year  
4 2 61

5. SEX female

6. COLOR OR RACE white

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH 7-16-93

9. AGE (last birthday) 67

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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH PLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
Canning Dept. Butcherford Food Pk. Hitchcock County, Nebraska U.S.A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13c. NAME OF HUSBAND OR WIFE  
Michael William Baland Mary Mc Nealia Robert Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address  
no. unknown Mr. Michael Robinson: 1446 Jarboe St. C. Mo.

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

IMMEDIATE CAUSE (a) Bronchopneumonia

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

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 Month, Day, Year  
a.m. p.m.

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 3-31-61 to 4-2-1961 and last saw her alive on 4-2-1961  
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
Dr. Frank Ellis 400 Perry City 4/3/61

23a. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  
Burial 4-6-61 Woodlawn Cemetery Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
Neilert Funeral Homes (S) 2 C. Mo. 4-5-61 Ruth Long

**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 \_\_\_\_\_

*B. E. Wilentz*

Licensed Embalmer No. \_\_\_\_\_

*4075*

P. O. Address \_\_\_\_\_

*K. C. 8, Va.*

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.