

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017883

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED **FILED JUN 5 1961** Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **2489** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in lb 70 yrs. | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5610 E. 27th Terr. | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle JOSEPH Last WOODS | | | 4. DATE OF DEATH Month May Day 17 , Year 1961 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-22-1886 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trader | | 10b. KIND OF BUSINESS OR INDUSTRY K. C. Stockyards | | 11. BIRTHPLACE (City and state or country) Wyondotte County, Kb. USA | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Christopher J. Woods | | 13b. MOTHER'S MAIDEN NAME Bridget Agnes Mohaney | |
| 14. NAME OF HUSBAND OR WIFE Ella Woods | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs. Ella Woods--5610 E. 27th Terr. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSELEROTIC HEART DISEASE | | 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) Bronchial Pneumonia | | | 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 checked="" 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 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 5-5-61 to 5/17/61 and last saw her/him alive on 5/17/61 . Death occurred at 6:15 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Leo J. Cooper MD | | | 22b. ADDRESS 1220 E. 31st K. C. Mo | | 22c. DATE SIGNED 5-19-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5-20-61 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary | | 23d. LOCATION (City, town, or county) Kansas City | (State) Kansas |
| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar | | | 25. DATE RECD. BY LOCAL REG. 5-19-61 | | 26. REGISTRAR'S SIGNATURE Ruth Long |

D. L. Cooper

Wt 1-6951

1220 E 31st St.

Fri — 12 — 5!

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 Hal J. Hain

Licensed Embalmer No. 3408

P. O. Address Indep., 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.