MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032184
STATE FILE NUMBER

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 19

FILED OCT 10 1961

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs — Length of stay in 1b: 5 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): W. Hickory St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cedar
c. CITY OR TOWN El Dorado Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): W. Hickory St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Luther Middle Axtell Last Woods
4. DATE OF DEATH: Month Oct. Day 5 Year 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb-8-1875
9. AGE (last birthday): 86 — 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): Barber
10b. KIND OF BUSINESS OR INDUSTRY: BARBER
11. BIRTHPLACE (City and state or country): Henry County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eramus B. Woods
13b. MOTHER'S MAIDEN NAME: Margaret Seckman
14. NAME OF HUSBAND OR WIFE: Elizabeth Woods (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: Ezra E. Woods, Address: El Dorado Springs Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral encephalomalacia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cerebral arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): General debility

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 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 1958, to June 1961 and last saw him alive on June 1961
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Magee M.D.
22b. ADDRESS: El Dorado Springs, Mo
22c. DATE SIGNED: 10-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 7, 1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county): Kansas City (State): Mo.

24. FUNERAL DIRECTOR: Melvin L. Janssens — ADDRESS: El Dorado Springs Mo.
25. DATE RECD. BY LOCAL REG.: 10-7-61
26. REGISTRAR'S SIGNATURE: Dave Gassiot

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

OCT 17 1961

MAY 14 1963

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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Appleton City

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.