

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20317  
2603

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. 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>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		b. COUNTY <b>JACKSON</b>	
c. LENGTH OF STAY (In this place) <b>27 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>INDEPENDENCE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>419 West Nettleton</b>	

3. NAME OF DECEASED (Type or Print) <b>MOLLIE</b>	a. (First)	b. (Middle) <b>PHOENIX</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 18 1951</b>
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5. SEX <b>FEMALE 3</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>SEPTEMBER 5 1870</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ARROW ROCK, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>SPENCER WOODS</b>	13b. MOTHER'S MAIDEN NAME <b>CHARLOTTE WOODS</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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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'S SIGNATURE OR NAME <b>JOE TOLBERT</b>	ADDRESS <b>419 W. Nettleton, Indep. Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY CONGESTION &amp; EDEMA</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>BRONCHIAL PNEUMONIA</b>		
DUE TO (c) <b>FRACTURE OF LEFT FEMUR (INTER TRACHANTHIC)</b>		<b>20</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CYSTITIS, DECUBITUS ULCERS (BUTTOCK) SENILITY</b>		<b>89 20</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>120</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <b>AT HOME</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>INDEPENDENCE JACKSON MISSOURI</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5 21 1951</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Left Knee gave away and pt. fell.</b>
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22. I hereby certify that I attended the deceased from 5-22, 1951 to 6-18, 1951, that I last saw the deceased alive on 6-18, 1951, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURES <b>E. Frank</b> (Degree or title) <b>Frank</b>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>6-19-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-19-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>—</b>	24d. LOCATION (City, town, or county) (State) <b>Slater, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-19-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hill Bros. Slater, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed A C Hill

Licensed Embalmer No. 3090

P. O. Address Slater 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 this body is not embalmed, fact should be so stated above.