

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25271**  
**3214**

FILED JUL 17 1953

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before inclusion).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |  | c. LENGTH OF STAY (In this place)<br><b>41 yrs</b>   |  | c. CITY OR TOWN <b>Kansas City</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>2300 Holmes</b> <b>3458</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>BELLE</b>  |  | b. (Middle) <b>PEARSON</b>   |  | c. (Last) <b>WOODDELL</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>6 22 53</b>  |  |
| 5. SEX <b>Fe</b>  |  | 6. COLOR OR RACE <b>Wh</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |  | 8. DATE OF BIRTH<br><b>No Record</b>   |  |
| 9. AGE (In years last birthday) <b>app. 82</b>  |  | IF UNDER 1 YEAR Months   |  | IF UNDER 24 HRS. Days   |  | IF UNDER 1 HRS. Hours  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>XX</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>No Record</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>No Record</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>No Record</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Fred L. Wooddell</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Research Hospital Records</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Neurorrhage</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Generalized arteriosclerosis</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 wks.</b><br><br><b>10 years</b><br><br><b>3-31X</b>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>1947</u> to <u>6-22-1953</u> , that I last saw the deceased alive on <u>June 21, 1953</u> , and that death occurred at <u>10:00</u> <u>am</u> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>Arthur B. Smith</b> (Degree or title)<br><i>Arthur B. Smith MD</i>  |  |  |  | 23b. ADDRESS <b>830 Argyle Bldg. K.C. 6, Mo</b>   |  | 23c. DATE SIGNED <b>6-23-53</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>   |  | 24b. DATE <b>6-24-1953</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>6-23-53</b>   |  | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Wagner</b>   |  | ADDRESS <b>K C Mo.</b>   |  |

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Algebra  
V1-6329  
Dr. Bennett

**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 Alvin R. Hannecke

Licensed Embalmer No. 415

P. O. Address K. E. W.

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.