

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43268

State File No. _____

FILED JAN 14 1954

6046

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>37 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7547 Grand Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St; Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Ralph</u>		a. (First) <u>Ralph</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Woods</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1953</u>							

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept, 21, 1892</u>	9. AGE (in years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN-Wholesale Drugs</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PARKE-DAVIS & CO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SALT LAKE CITY Utah</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES C. WOODS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JAMES</u>	14. NAME OF HUSBAND OR WIFE <u>Mary A. Woods</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487.07-4368</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. MARY A. WOODS 7547 GRAND AVE. KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peptic duodenal ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>8 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 12/16, 1953, to 12/23, 1953, that I last saw the deceased alive on 12/23/53, 1953, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward H. Klein</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Plaza Medical Bldg. W. Mo.</u>	23c. DATE SIGNED <u>12/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-25-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. N. Newcomer's Sons 1337-BAUGH CREEK KANSAS CITY, MO.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert J. Boyer

Licensed Embalmer No. _____

4892

P. O. Address _____

KE-10, 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.