

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1596**

BIRTH NO. **FILED FEB 11 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **329**

I. 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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 21 MONROE HOTEL-1904 MAIN STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL			

3. NAME OF DECEASED a. (First) MARY b. (Middle) CATHERINE c. (Last) WOOD		4. DATE OF DEATH (Month) (Day) (Year) JAN. 21, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUG. 10, 1878
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (If under 1 month in last year) (Hours) (Min.) 75		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KANSAS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE AT HOME DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	
12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME UNKNOWN KEENAN	13b. MOTHER'S MAIDEN NAME ANNA GLENN	14. NAME OF HUSBAND OR WIFE CHARLES K. WOOD (DECEASED)
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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) NO	16. SOCIAL SECURITY NO. 486-03-2596	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.R. #1 MRS. T. O. JICKEL, BACKNER, MISSOURI
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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>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7 months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		151X	

19a. DATE OF OPERATION 8/4/53	19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of fundus of stomach		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) (Min.)
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 7/29, 1953, to 1/21, 1954, that I last saw the deceased alive on 1/20, 1954, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Edward H. Klein (Degree or title) Edward H. Klein M.D.	23b. ADDRESS Plaza Med. Bldg - KC. Mo	23c. DATE SIGNED 1/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-23-54	24c. NAME OF CEMETERY OR CREMATORY FOREST Hill CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 1-23-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. Newman's Son KANSAS CITY, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

REC-0024

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

Charles W. Beatty

Licensed Embalmer No. *4932*

P. O. Address

10-9700

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.