

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

37874

State File No. \_\_\_\_\_

FILED NOV 23 1954

5070

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (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. LENGTH OF STAY (In this place) <u>46 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2040 Madison St.</u>		e. STREET ADDRESS (If rural, give location) <u>2040 Madison St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Isaac</u> b. (Middle) <u>S.</u> c. (Last) <u>Wood</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10-31-54</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>8-13-1875</u>
<b>9. AGE</b> (In years last birthday) <u>79</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Bolling Green, Mo.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <u>Pensioner</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>State</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Cora Alice Wood</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Cora Alice Wood</u> ADDRESS <u>Same</u>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Bronchopneumonia</u>			
<b>ANTECEDENT CAUSES</b>  DUE TO (b) <u>Chronic Endocarditis</u>  DUE TO (c) <u>Chronic Nephritis</u>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>			<u>592</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 3</u>, 19<u>54</u>, to <u>Oct. 31</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Oct. 21</u>, 19<u>54</u>, and that death occurred at <u>2.10</u> a.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. R. L. De Soto D.O.</u>		<b>23b. ADDRESS</b> <u>2301 Summit Kansas City, Mo.</u>	<b>23c. DATE SIGNED</b> <u>Nov. 1 1954</u>
<b>24a. BURIAL, CREMATION, OR REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11-2-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Floral Hills</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-2-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. E. Marshall</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>B. E. Weiler, R.C.S. Mo.</u> ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD R. L. De Soto

No. 300  
10.48

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 *B. E. Weiler*.....

Licensed Embalmer No. *407*.....

P. O. Address *K.C. 8, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.