

FILED FEB 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **1346**
166

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

1. 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 OR TOWN **KANSAS CITY**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **RESEARCH HOSPITAL**

STREET ADDRESS (If rural, give location)
1334 Central St.

3. NAME OF DECEASED
a. (First) **LYNN** b. (Middle) **E.** c. (Last) **WOOD**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 11, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Dec. 17-1891

9. AGE (In years last birthday) **63**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bellman

10b. KIND OF BUSINESS OR INDUSTRY
State Hotel

11. BIRTHPLACE (City and State or Foreign Country)
Allendale, So. Carolina

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Lynn E. Wood, Sr.

13b. MOTHER'S MAIDEN NAME
Maude C. Best

14. NAME OF HUSBAND OR WIFE
Agnes Marlene Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
YES

(If you give war or dates of service)
W. W. #1

16. SOCIAL SECURITY NO.
417-07-3952

17. INFORMANT'S SIGNATURE OR NAME
Mrs. Agnes M. Wood--Wife

ADDRESS
1334 Central K.C. Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerosis**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
**Diabetes mellitus
Hypertensive Cardiovascular Dis.
Arteriosclerosis Obiterans**

INTERVAL BETWEEN ONSET AND DEATH
3 days
332X
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1955, to 1-11, 1955, that I last saw the deceased alive on 1-11, 1955, and that death occurred at 4:40 P m., from the causes and on the date stated above.

23a. SIGNATURE
[Signature] (Degree or title) **MD**

23b. ADDRESS
Argyle Bldg. K.C., Mo.

23c. DATE SIGNED
1-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Jan. 13-1955

24c. NAME OF CEMETERY OR CREMATORY
Greenwood Cemetery

24d. LOCATION (City, town, or county) (State)
New Orleans, Louisiana

DATE REC'D BY LOCAL REG. **1-12-55** REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS
QUIRK & TOBIN-20 W. Linwood-K.C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Ita C. Layton

SEP 20 1980

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 *Forrest D. Colganow*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.