

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19052
2285

State File No. _____

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>Kanona City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>215 EAST NORTH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>William</u>	c. (Last) <u>Wood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 '55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 26, 1900</u>	9. AGE (In years last birthday) <u>55</u>	10. MONTH <u>5</u>	11. DAY <u>25</u>	12. YEAR <u>'55</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles M. Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Addie L. Hulse</u>	14. NAME OF HUSBAND OR WIFE <u>Katheryn Wood</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Katheryn Wood - Marshall, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transitional cell carcinoma</u> ANTECEDENT CAUSES <u>originating in the nasopharynx</u> DUE TO (b) <u>with metastases to brain and to lung.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>146x</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from May 22, 1955, to May 25, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Slentz</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>315 Nichols Ad. K.C. Mo</u>	23c. DATE SIGNED <u>5-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>May 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-26-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Slentz</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1956

MAY 3 1957

MAY 9 1957

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 A. Boyd

Licensed Embalmer No. _____

4892

P. O. Address _____

L. C. 9, Me

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.