

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33635 ✓

State File No. _____

FILED OCT 19 1955

4208

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 OR TOWN <u>KANSAS City</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY OR TOWN <u>KANSAS City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				8. STREET ADDRESS (If rural, give location) <u>5507 Forest Avenue</u> 381-0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Hardy</u> c. (Last) <u>Wood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27, 1955</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		9. AGE (In years last birthday) <u>87</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice-President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rockhill Federal Savings Loan</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FAYETTE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>BEN Wood</u>			13b. MOTHER'S MAIDEN NAME <u>ANN BROWN</u>			14. NAME OF HUSBAND OR WIFE <u>ELIZABETH WOOD</u>		
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS W.A. Campbell 5507 Forest K.C. Mo</u>				
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</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) <u>Coronary & Liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephrosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>several years</u> <u>several years</u> <u>several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		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 <u>Dec. 10, 1954</u> , to <u>Sept. 27, 1955</u> , that I last saw the deceased alive on <u>Sept 27, 1955</u> , and that death occurred at <u>4:15 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Arthur B. Boyer</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>5529 Troost, K.C. Mo</u>		23c. DATE SIGNED <u>Sept 28, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS City Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-29-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minabell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcampers Sons 1361. 2nd Crk Kansas City, Mo.</u>				

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.....
Signature of Student Embalmer

Signed *Adrian Jay Stetson*.....

Licensed Embalmer No. *48*.....

P. O. Address *D.C., D.*.....

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.