

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40988**
5687

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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. LENGTH OF STAY (In this place) 50 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				STREET ADDRESS (If rural, give location) 2417 East 12th St.													
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle)		c. (Last) Woods		4. DATE OF DEATH (Month) (Day) (Year) 12 25 1955										
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 25, 1884		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed				10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Mississippi U.S.				12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME Milton Woods				13b. MOTHER'S MAIDEN NAME Calia Hobbs				14. NAME OF HUSBAND OR WIFE NONE									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None				16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME Ellen Bryan				ADDRESS 2417 E. 12th							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia																	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio vascular disease with failure.																	
DUE TO (c)																	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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)			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>12-15-55</u> , 19 <u> </u> , to <u>12-25-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-25-55</u> , 19 <u> </u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE E. Frank						23b. ADDRESS 600 East 22nd St.			23c. DATE SIGNED 12-27-55								
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 28-55		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn			24d. LOCATION (City, town, or county) (State) M.O.										
DATE REC'D BY LOCAL REG. 12-28-55			REGISTRAR'S SIGNATURE Neva Marshall			FUNERAL DIRECTOR'S SIGNATURE Bingham & Jones			ADDRESS 1838 Oak								

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No.
P. O. Address 2300 S.

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.