

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9439

FILED MAR 30 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 137

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 Rural Brooking		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 50 Yrs.		e. STREET ADDRESS (If rural, give location) 66th. & Richmond			
d. FULL NAME OF HOSPITAL OR INSTITUTION 66th. & Richmond					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle) Samuel	c. (Last) Woody	(Month) March	(Day) 20	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 27 Jan. 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crusherman	10b. KIND OF BUSINESS OR INDUSTRY Rock Mining	11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Woody	13b. MOTHER'S MAIDEN NAME Martha Heard	14. NAME OF HUSBAND OR WIFE Grace Woody
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) X X X	16. SOCIAL SECURITY NO. 496 07 9204	17. INFORMANT'S SIGNATURE OR NAME Grace Woody	ADDRESS 66th. & Richmond K.C. Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerosis DUE TO (c) Demility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 Mar 20, 1956, to _____, 19____, that I last saw the deceased alive on Mar 20, 1956, and that death occurred at 9:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>M. L. Johnson</i>	(Degree or title) D.O.	23b. ADDRESS 9118 E. 50 Highway	23c. DATE SIGNED 3/22/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 22 March	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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DATE REC'D BY LOCAL REG. 3-22-56	REGISTRAR'S SIGNATURE <i>James [Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Floral Hills Memorial Chapels K.C. Mo.	ADDRESS
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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 *Lloyd C. McCall*.....
Licensed Embalmer No. *485*

P. O. Address *N.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.