

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12543

State File No.

BIRTH NO.		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>HL</u>	
1. PLACE OF DEATH a. COUNTY <u>Chinton</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>Cameron</u>		c. LENGTH OF STAY (In this place) <u>1/2 hr.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cameron Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5844 McKee. 3830</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>Ross</u> c. (Last) <u>Woods.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 5 57</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>9-7-1926</u>	
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>K.C. District Corps of Fire U.S. Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Otley Woods.</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Ross.</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>491-30-8399</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otley Woods</u> ADDRESS <u>Princeton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Trauma from auto accident</u> 2 hr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Basal Skull Fracture</u> <u>Internal Chyruis</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. 69 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>031 County</u> (STATE) <u>Devier MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 5-1957 5:45 P.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> <u>6:00 PM</u>		21f. HOW DID INJURY OCCUR? <u>off</u>					
22. I hereby certify that I attended the deceased from <u>5-5-57</u> , <u>10-5-57</u> , <u>10-7</u> , that I last saw the deceased alive on <u>5-5-</u> , 19 <u>57</u> and that death occurred at <u>8:00 PM.</u> from the causes and on the date stated above.							
23. SIGNATURE (Name or title) <u>B. A. Thompson</u>				23b. ADDRESS <u>Cameron, MO</u>		23c. DATE SIGNED <u>5-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAY 8-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-7-57</u>		REGISTRAR'S SIGNATURE <u>Francis Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

53/0

MAY 14 1951

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 *Robert F Poland*.....

Licensed Embalmer No. *4777*
322

P. O. Address..... *Cameron*

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.