

Health, Welfare
Public
Service

FILED OCT 28 1957

STANDARD CERTIFICATE OF DEATH

34949

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1115

300
1-56

2

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 2			Length of stay in lb 2 yrs, 7 months		d. STREET ADDRESS (If outside, give location) State Hospital # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Beatrice Middle Woods Last Woods				4. DATE OF DEATH Oct. 7, 1957 Month Oct Day 7 Year 1957									
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 11, 1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Not Known						14. MOTHER'S MAIDEN NAME Not Known							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No.				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Probate Court, Kansas City, Missouri							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH 1 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis										Unknown			
DUE TO (c) Papillary Tumor Urinary Bladder, Blood Syphilis										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 B													
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour 7:30 Month 7 Day 57 Year 1957 a. m. P.M. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from Oct. 7, 57 to Oct. 7, 57 and last saw her <u>him</u> alive on Oct. 7, 1957 Death occurred at 7:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) H F Mundy M.D.						22b. ADDRESS St Joseph, Mo.			22c. DATE SIGNED Oct. 7-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 14, 1957		23c. NAME OF CEMETERY OR CREMATORY Kirkville School of			23d. LOCATION (City, town, or county) (State) Kirkville, Missouri						
24. FUNERAL DIRECTOR Alexander Funeral Home Joseph, Mo.						ADDRESS St. Osteophy			DATE RECD. BY LOCAL REG. Oct. 18, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert J. Fulton		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Wm. H. Adams*

Licensed Embalmer No. *442*

P. O. Address *St. Joe*

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.