ealth, Welfare ublic ervice

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005969
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 712

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION: ST. JOSEPH HOSPITAL — Length of stay in 1b: 51 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS: 5050 OAK STREET (TWIN OAKS Apts) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: W. Middle: MUSGRAVE Last: WOOD

4. DATE OF DEATH Month Day Year: FEB. 8, 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: AUG-13-1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED-Assistant Chief Engineer

10b. KIND OF BUSINESS OR INDUSTRY: GAS SERVICE Co.

11. BIRTHPLACE (City and state or country): CAMDEN, NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JAMES F. WOOD

13b. MOTHER'S MAIDEN NAME: ANNA COLLINS

14. NAME OF HUSBAND OR WIFE: ANNA W. WOOD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 487-10-8925

17. INFORMANT: MRS. ANNA W. WOOD — Address: 5050 OAK STREET, KANSAS CITY MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Occlusion rt. internal carotid artery — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis, generalized — 10 yrs.
DUE TO (c) — 332.4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gout

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-24-58, to 2-8-58 and last saw her/him alive on 2-7-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles L Cooper M.D.

22b. ADDRESS: 1225 Rialto Bldg

22c. DATE SIGNED: 2-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: FEB. 11. 1958

23c. NAME OF CEMETERY OR CREMATORY: D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county) (State): KANSAS City Missouri

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 13 31 BRUSH CREEK KANSAS City, MO

25. DATE RECD. BY LOCAL REG.: 2-10-58

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Chas. S. Cooper

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 Norman W. Larson

Licensed Embalmer No. 4889

P. O. Address N.C. No.

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.