

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014553  
STATE FILE NUMBER  
1871

FILED MAY 9 1958

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

5. 300  
1-57

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2329 Drury</b>   |                                  | Length of stay in lb<br><b>20 yrs.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>2329 Drury</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Leona</b> Middle <b>Woods</b> Last <b>Woods</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>10</b> Year <b>1958</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 27, 1884</b>  | 9. AGE (In years last birthday)<br><b>73</b>       | 10. F UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>--</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Franklin, Indiana</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |
| 13a. FATHER'S NAME<br><b>Zedekiah McNew</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Belle Jones</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>George Woods</b> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br>Address<br><b>George Woods Jr. 2329 Drury</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of breast, trachea, lymphatic</b>  |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mos.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Generalized metastatic carcinoma</b>   |                                  |   |  |  | <b>1 yr.</b>  |
| DUE TO (c) <b>primary site in stomach</b>  |                                  |   |  |  | <b>151x</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour <b>3:14</b> Month <b>14</b> Day <b>14</b> Year <b>1958</b><br>a.m. p.m.  |                                  |   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   | STATE   |
| 21. I attended the deceased from <b>6/25/48</b> to <b>4/10/58</b> and last saw her/him alive on <b>4/8/58</b> .<br>Death occurred at <b>3:14 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |
| 22a. SIGNATURE<br><b>Neil D. Conley Jr.</b> (Degree or title)  |                                  |   | 22b. ADDRESS<br><b>3040 39th K.C. Mo. (11)</b>   |  | 22c. DATE SIGNED<br><b>4/10/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |                                  | 23b. DATE<br><b>Apr. 11, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>                     |
| 24. FUNERAL DIRECTOR<br><b>Earp &amp; Sons 4707 Truman Rd. K.C. Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-11-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>neva minshall</b>  |   |

ALL diseases in Part I must be causally related. NO symptoms will be listed.

NEIL D. CONLEY DC USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



Nov 1-5053

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 *William H. Corp* .....

Licensed Embalmer No. *4228* .....

P. O. Address *H. C. Mo.* .....

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.