URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 16 1959

59-036494

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4812

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 2 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2435 Indep.
Inside Limits Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2435 Independence
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Paul Middle: Clay Last: Woods

4. DATE OF DEATH Month Day Year: 10 - 3 - 1959

5. SEX White

6. COLOR OR RACE Male

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 8/10/1897

9. AGE (last birthday) 62

IF UNDER 1 YEAR Months — Days —

IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country) Nightstown, Ind.

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

13a. FATHER'S NAME Wm. F. Woods

13b. MOTHER'S MAIDEN NAME Sarah Shaffer

14. NAME OF HUSBAND OR WIFE Ruby Woods

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

16. SOCIAL SECURITY NO. 472-07-3950

17. INFORMANT Opal Ross Address 2435 Indep. Ave K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac Hemiplegia

DUE TO (c) Lung Cancer

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 10-3-59 to 10-3-59 and last saw ~~him~~ alive on 10-3-59

Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles S. Fazio (Degree or title) D.O.

22b. ADDRESS 2431A Independence

22c. DATE SIGNED 10-5-59

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

23b. DATE Oct. 6-1959

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

23d. LOCATION (City, town, or county) (State) Indep. Mo.

24. FUNERAL DIRECTOR C. H. Blackmon & Son Inc. ADDRESS K.C. Mo.

25. DATE RECD. BY LOCAL REG. 10-5-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Charles S. Fazio MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed W. C. Quinn

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K.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.