

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037295

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5176

FILED OCT 27 1961

AMENDED

DATE AMENDED
10/19/61

INSTEAD OF
2143 Penn

ITEM NO. SHOULD READ
2d 7143 Penn

BY AFFIDAVIT OF Informant
Walter P. Jacob

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 36 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCarty Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 7143 3143 Penn, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Roy K. Woods			4. DATE OF DEATH Month Day Year October 16, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-23-1908	9. AGE (last birthday) 52	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) Cafe Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Appleton City, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles F. Woods		13b. MOTHER'S MAIDEN NAME Narcissa B. Sapp		14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT Harry W. Woods, Camden, Mo Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pneumonia			3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Status post left Hemiplegia		6 yrs
	DUE TO (c) Cerebral hemorrhage		6 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene rt leg			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year		

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 1953 to 16 Oct 1961	COUNTY 15 Oct. 1961	STATE
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21. I attended the deceased from 1953 to 16 Oct 1961 and last saw him alive on 15 Oct. 1961 . Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Walter P. Jacob, M.D.	22b. ADDRESS 701 E 63 St.	22c. DATE SIGNED 10/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-18-61	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Raytown, Mo.	(State)
24. FUNERAL DIRECTOR Melody-McGilley-Eylar	ADDRESS Woodland	25. DATE RECD. BY LOCAL REG. 10-16-61	26. REGISTRAR'S SIGNATURE Ruth H. Long	

Dr. Jacob
701 W. E. 63rd
Rm 3-6390

4770 - 1.00 to

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

James E. Hackle

Licensed Embalmer No. 4573

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.