

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031407
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4231

FILED SEP 4 1962

VS 300
Rev. 4/59

1
28350
+

3

4 1

5 1

6

7 0

8 1

9710.0

10

11

1240

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

WILLIAM F. WILHELM, MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY OTTAWA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 32 DAYS	c. CITY OR TOWN MIAMI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1915 LINCOLN BLVD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES VIOLET WOOD			4. DATE OF DEATH Month Day Year AUGUST 14th 1962
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK-KEEPER		10b. KIND OF BUSINESS OR INDUSTRY JEFFRIES OIL CO	9. AGE (last birthday) 50 IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME JOSEPH HUMMELL		13b. MOTHER'S MAIDEN NAME ANNA SMITH	11. BIRTHPLACE (City and state or country) SPRINGFIELD MISSOURI U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. -	12. CITIZEN OF WHAT COUNTRY U.S.A.
17. INFORMANT EDWARD L. WOOD		14. NAME OF HUSBAND OF WIFE EDWARD L. WOOD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Pericarditis DUE TO (c) Scleroderma - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 12 hours 11 2+ years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary edema			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 COUNTY STATE	
21. I attended the deceased from <u>Jan 1962</u> to <u>14 August 1962</u> and last saw her alive on <u>14 August 1962</u> Death occurred at <u>9</u> <u>9.30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William F. Wilhelm, M.D. (Degree or title)		22b. ADDRESS Kansas City, Mo	22c. DATE SIGNED 8/15/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-15-62	23c. NAME OF CEMETERY OR CREMATORY G.A.R. CEMETERY	23d. LOCATION (City, town, or county) (State) MIAMI OKLAHOMA
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 8-15-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

DR WARREN F. Wilhelm M.D.
Professional Body - B17-1-5155
9301 parquett

MAR 13 1963
MAR 19 1963

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KP MD

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.