

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047292
STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6310

FILED DEC 26 1962

VS 300
Rev. 4/59

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23088

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 48 years | 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 329 S. Mersington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 329 S. Mersington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last WALTER RUSSELL WOOD | | | 4. DATE OF DEATH Month Day Year Dec. 9, 1962 |
| 5. SEX Male | 6. COLOR OR RACE Cauc. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-11-04 |
| 9. AGE (last birthday) 58 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardman | | 10b. KIND OF BUSINESS OR INDUSTRY Kan. City Stockyards | 11. BIRTHPLACE (City and state or country) Bowling Green, Mo., U.S.A. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Isaac Wood | 13b. MOTHER'S MAIDEN NAME Alice Dobbs |
| 14. NAME OF HUSBAND OR WIFE Leota Wood | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT Mrs. Leota Wood, 329 Mersington | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction DUE TO (b) Coronary Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. 5 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis 5 years | | | 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 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 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 11/26/62 to 12/9/62 and last saw her/him alive on 12/7/62 . Death occurred at 4:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) F. W. Thompson | | 22b. ADDRESS DD, 1111, 2501 Gillham Rd | 22c. DATE SIGNED 12-11-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 11, 1962 | 23c. NAME OF CEMETERY OR ORATORY Mound Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Independence Missouri |
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-11-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |

USE BLACK INK OR TYPEWRITER RIBBON

W. Thompson 2501 Bellinon
Harrison Hospital
7:30-12:00

VS DEC 26 1968

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 Thomas W. Poore

Licensed Embalmer No. 4884

P. O. Address Judley 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.