

APRIL MAY 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14204
Do not use this space.

1. PLACE OF DEATH Clinton Registration District No. 39
 (a) County Clinton
 (b) Township Golden City
 (c) City Golden City (d) Street No. 4023 Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 37 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME David Alaska Woods
 (a) Residence, No. Golden City Mo. 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Florence Jola Woods
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1940
 22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1939, to April 18, 1940
 I last saw him alive on April 18, 1940 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Respiratory failure the result of decompensated aortic aneurysm which developed after patient took the first step of from glaucoma disability.
Hypertrophy of prostate
 Date of onset 4-18-40
4-14-40
1941

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Ill
 13. NAME Jerry Woods
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mrs John Bushnell Golden City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stidenville DATE Apr 21 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Caldwell Lockwood Mo
 20. FILED Apr 20, 1940 Mrs Margaret Sue Gms - Local Registrar.

Names of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Raymond M. Cash _____
 (Address) Golden City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 540-1234

Date Filed MAY 7 1940

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~~.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 33805

P. O. Address Lockwood 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 this body is not embalmed, above space should be left blank.