

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15086

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Auxvasse Mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Auxvasse</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>William</u>	b. (Middle) <u>French</u>	c. (Last) <u>Woodson</u>	<u>May 22 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 21, 1866</u>		9. AGE (In years last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Auxvasse, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Woodson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Prother</u>	
14. NAME OF HUSBAND OR WIFE <u>Fannie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna V. Meyer</u>		ADDRESS <u>Auxvasse Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Carcinoma</u>				<u>2 yrs.</u>	
ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
DUE TO (c) _____		DUE TO (c) _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 1942 to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Wainwright M.D.</u>	23b. ADDRESS <u>Auxvasse, Mo</u>	23c. DATE SIGNED <u>5/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 23 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse</u>	24d. LOCATION (City, town, or county) (State) <u>Auxvasse Mo</u>
DATE REC'D BY LOCAL REG. <u>May 25 1949</u>	REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes Maupin</u> ADDRESS <u>Auxvasse, Mo</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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