

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20690

State File No. \_\_\_\_\_

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

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>304 Bennett</u>	
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>Dawson</u> c. (Last) <u>Woodcock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-5-1886</u>
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	11. IF UNDER 2 HRS. Hours <u>1</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Leeper, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles Mauk</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Ella Marshbonk</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse Woodcock</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Hovis, Esther, Mo</u>
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of aortic aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		622X	
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) (Min.)		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 <u>Feb 1, 1946</u> , to <u>June 24, 1949</u> , that I last saw the deceased alive on <u>June 1, 1949</u> , and that death occurred at <u>11:30am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Appleberry M.D.</u>		23b. ADDRESS <u>Flat River, Mo</u>	
23c. DATE SIGNED <u>6-26-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-26-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 28, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks</u>		ADDRESS <u>Flat River, Mo.</u>	

