

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 823

FILED SEP 19 1949

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>823</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene County</u> <u>St. John's Hospital Springfield</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bokeh</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. 4 8 1/2 Mi. S.E. of Bolivar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Woodmansee</u>			4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>13</u> (Year) <u>1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 19, 1876</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		9. AGE (In years last birthday) <u>72</u> Months <u>8</u> Days <u>25</u>	
11. BIRTHPLACE (State or foreign country) <u>Madrid, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>George Woodmansee</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Matilda Risser</u>		14. NAME OF HUSBAND OR WIFE <u>Lindy Woodmansee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lindy Woodmansee</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Crisis - Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosclerosis with Urinemia</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>44 2/3</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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 <u>None</u>		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>Sept 13, 1949</u> to <u>Sept 13, 1949</u> , that I last saw the deceased alive on <u>Sept 13, 1949</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William J. Paul</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>Sept 13, 1949</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried in St. John's Hospital</u>		24b. DATE <u>Sept 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bolivar Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-15-49</u>		REGISTRAR'S SIGNATURE <u>W. Handley</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Erwin Blue</u>			
				ADDRESS <u>Bolivar Mo</u>			

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
Student Embalmer

Signed

Walter B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Palmer, 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, fact should be so stated above.