S. No. 300
v. 10.48

FILED DEC 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38051

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-JACKSON TWP.
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. HYWAY #24

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: BOONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MURRAY
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First) ~~[illegible]~~ b. (Middle) LAWRENCE THOMAS c. (Last) WOODS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 6, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JULY 1ST, 1930
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 5, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOONE CO., MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS WOODS
13b. MOTHER'S MAIDEN NAME: VIOLA BAKER
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES-ARMY DISCHARGED 1949
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: U.S. ARMED FORCES DISCHARGE AND OTHER PAPERS FOUND IN PACKETS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MUTIPLE SKULL FRACTURES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) WITH BRAIN LACERATIONS
DUE TO (c) AUTOMOBILE ACCIDENT.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 32

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. HYWAY #24
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 2 MI. W. OF PARIS, MONROE, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): DEC. 6, 1949 9:30A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: AUTOMOBILE ACCIDENT—[illegible]

22. *I hereby certify that I attended the deceased from* 12-6-, 1949, *to* 12-6-, 1949, *that I last saw the deceased alive on* 12-6-, 1949, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F.A. Barnett MD
23b. ADDRESS: Paris, Mo.
23c. DATE SIGNED: 12-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-6-49
24c. NAME OF CEMETERY OR CREMATORY: PARKER UNDERTAKING Co
24d. LOCATION (City, town, or county) (State): COLUMBIA, MO.

DATE REC'D BY LOCAL REG.: 12-6-49.
REGISTRAR'S SIGNATURE: F.A. Barnett MD 43
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Speed & Blakey, Paris, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1948

RECEIVED DEC 12 1948
District Health Officer No. 10
District File Number 12-49-20
Date Filed

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.

Signed E. H. Agnew

Signed _____
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.