

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40027**

FILED DEC 9 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6248 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Washington.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Washington.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Richwoods</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richwoods</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Fletcher.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fletcher, Rural.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ellen</u>	b. (Middle) <u>(N.M.N.)</u>	c. (Last) <u>Woodruff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-49</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 22-1862</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>	11. BIRTHPLACE (State or foreign country) <u>Mineral Point, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Maxler</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known.</u>	14. NAME OF HUSBAND OR WIFE <u>William Woodruff.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Ed. J. Woodruff, Fletcher, Mo.</u>	ADDRESS <u>Fletcher, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 19 Nov, 1949, to 24 Nov, 1949, that I last saw the deceased alive on 19 Nov, 1949, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Nov. V. H. ...</u>	(Degree or title)	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>26 Nov 49.</u>
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24a. (BURIAL) CREMATION, REMOVAL (Specify)	24b. DATE <u>11-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providencia.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Richwoods, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/28-49</u>	REGISTRAR'S SIGNATURE <u>...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mothenhead, De Soto, Mo.</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

110  
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RECEIVED 12-6-49

District Health Officer No. 4

District File Number 1249-1595

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.

Student \_\_\_\_\_  
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4741

P. O. Address De Soto, 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.