

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2144
Registrar's No. 3167

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>3167</u>		
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>				
b. CITY OR TOWN <u>MOBERTY</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>0210</u>		d. STREET ADDRESS (If rural, give location) <u>609 HAGOOD</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 Hagood</u>				d. STREET ADDRESS (If rural, give location) <u>609 HAGOOD</u>				
3. NAME OF DECEASED a. (First) <u>CHARLEY</u>			b. (Middle)		c. (Last) <u>WOODS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-2-1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 20 - 1874</u>		
9. AGE (In years last birthday) <u>76.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>SALISBURY D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
10a. 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>SALISBURY D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>GEORGE WOODS</u>		13b. MOTHER'S MAIDEN NAME <u>MARIAH WOODS</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERTA WOODS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Mae Ewing</u> ADDRESS <u>514 Franklin</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardia with cardiac dropsy.</u>				DU TO (b)				several weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DU TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial hypertension</u>								several months.
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 (Specify) <u>no</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 (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 <u>Nov. 26</u> , 19 <u>49</u> , to <u>Jan. 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 1</u> , 19 <u>50</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. E. Hubel M.D.</u> (Degree or title)				23b. ADDRESS <u>400 1/2 W. Reed St. Moberly, Mo.</u>		23c. DATE SIGNED <u>1/14/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Jan. 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-5-50</u>		REGISTRAR'S SIGNATURE <u>Paula Sullivan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. D. Carr</u>		ADDRESS <u>303 Bedford St.</u>		

MAY 29 1950

RECEIVED
District Health Officer No. 1
District File Number 1-58-23
Date Filed JAN 9 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert S Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3190

P. O. Address 305 Bedford St
Mony

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.