

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29920

State File No.

FILED OCT 10 1950

BIRTH NO. ... REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5424 Registrar's No. 28

1. PLACE OF DEATH
 a. COUNTY Bunklin
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Union Twp.
 c. LENGTH OF STAY (in this place) 5 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Bunklin
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell - Rural 0350
 d. STREET ADDRESS (If rural, give location) Union Twp MO RT

3. NAME OF DECEASED
 a. (First) WILLIAM b. (Middle) EVERT c. (Last) WOODBRIGHT
 (Type or Print)
 4. DATE OF DEATH (Month) (Day) (Year) 9-13-1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 12-31-1894 9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Clarabelle Ill 1 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Woodbright 13b. MOTHER'S MAIDEN NAME Hellie May 14. NAME OF HUSBAND OR WIFE Lassie Woodbright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Woodbright, Biggatt Ave.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure Chronic
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 DUE TO (b) Myocarditis
 Morbid conditions, if any, giving 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.
 INTERVAL BETWEEN ONSET AND DEATH
48 22

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

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter A. Hawkinson, Coroner 23b. ADDRESS Kennett, Mo. 23c. DATE SIGNED 9-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-16-1950 24c. NAME OF CEMETERY OR CREMATORY Valley Cemetery 24d. LOCATION (City, town, or county) (State) Steele Mo.

DATE REC'D BY LOCAL REG. 9/18/1950 REGISTRAR'S SIGNATURE Miss Beulah Campbell b. 92 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emmett P. Jones, Kennett, Mo.

(Licensee's Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-26-50
COUNTY FILE NUMBER 950-274
.....

JAN 10 1951

NOV 27 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jan T. Emergo
Licensed Embalmer No. 895

P. O. Address Jonesboro, ARK.

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.