

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30789**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased, lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Delaware</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jay</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>Prima Star Rt. 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Emergency</u>			

3. NAME OF DECEASED a. (First) <u>Marion</u>		b. (Middle) <u>E</u>		c. (Last) <u>Woods</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 1950</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>Oct 2, 1877</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Unknown Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Woods</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John H. Carter, Miami Okla</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 Sept 1950</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				331X	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Sept 18 1950, to 18 Sept 1950, that I last saw the deceased alive on 18 Sept 1950, and that death occurred at 4:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. Humenschein, M.D.</u>		23b. ADDRESS <u>Jules. Mo.</u>		23c. DATE SIGNED <u>18 Sept 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butler Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Miami Okla</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Lloyd A. Kephly</u>		ADDRESS <u>Jules. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-21-50</u>		REGISTRAR'S SIGNATURE <u>Donald C. Emshaus</u>		378	

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

6488

SEP 27 RECD

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.

Signed.....
Student Embalmer

Signed *Dixon L. Reesley*
Student Embalmer No.
Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.