

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31412**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6019** Registrar's No. **21**

1890
1

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

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Orrick		c. CITY (If outside corporate limits, write RURAL and give township) Orrick,	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Home	

3. NAME OF DECEASED (Type or Print) a. (First) Betsy	b. (Middle) M.	c. (Last) Woods	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 1, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HRS. Hours 25 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Samuel D. Woods
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Tom Woods	ADDRESS Orrick
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. --- DUE TO (b) _____ 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 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) (Min.)	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 **27 Apr, 1960**, to **26 Sept, 1950**, that I last saw the deceased alive on **26 Sept, 1950**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Sanders M.D.	(Degree or title)	23b. ADDRESS Encelsior Springs, Mo.	23c. DATE SIGNED 26 Sept 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 28, 50	24c. NAME OF CEMETERY OR CREMATORY Rowland	24d. LOCATION (City, town, or county) (State) 5 Mi N of Orrick, Mo
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DATE REC'D BY LOCAL REG. Sept 29-1950	REGISTRAR'S SIGNATURE Helen J. Lasker	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good	ADDRESS Orrick, Mo
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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

Victor E. Erminger

Licensed Embalmer No. *2896*

P. O. Address. *Liberty 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.