

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32836**

0140

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

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 332	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway			
b. CITY OR TOWN Fulton		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN Williamsburg		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) C.		c. (Last) Woodlan		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 9, 1877	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (State or foreign country) Williamsburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Woodlan			13b. MOTHER'S MAIDEN NAME Sue Everhart		14. NAME OF HUSBAND OR WIFE Lutie Harrison Woodlan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None DK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. C. Maughs Fulton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<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) Coronary thrombosis					3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular and disease (arteriosclerotic)					years
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							4 1/2 X
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none					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) (m.)		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 Nov. 19 46 to Oct. 10, 1950 , that I last saw the deceased alive on Oct. 9, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry Dunt, M.D. (Degree or title)				23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 10/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Missouri	
DATE REC'D BY LOCAL REG. Oct. 12-1950		REGISTRAR'S SIGNATURE Martha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton Mo		ADDRESS _____	

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

REC'D
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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. 395

working under my personal supervision.

Student George P. Domina
Student Embalmer

Signed Peniel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller St

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.