

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33429

FILED OCT 27 1950

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett (rural)</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. N.E. Kennett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. N.E. Kennett</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) _____ c. (Last) <u>Woodard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 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>2/9/1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant, retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail whiskey</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Jesse Woodard</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Chipman</u>		14. NAME OF HUSBAND OR WIFE <u>Uldeen Stout, Woodard</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>49-22-9668</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse L. Woodard</u> ADDRESS <u>Kennett, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		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"/>	

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 10/19, 1950, to 10/20, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George J. Summers MD</u> (Degree or title)		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>10/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>#8 Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cooter (rural), Missouri</u>					

DATE REC'D BY LOCAL REG. <u>10-23-1950</u>		REGISTRAR'S SIGNATURE <u>Emb. Thurman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Johnson</u> ADDRESS <u>Kennett, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-22-50.....
COUNTY FILE NUMBER 1050-289

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 *W. Palmer*

Licensed Embalmer No. *2556-*

P. O. Address *Kennett, Mo-*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.