

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7539

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 3

0180

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

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY OR TOWN <u>RURAL CEDAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CEDAR</u> <sup>0100</sup>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>ASHLAND R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ASHLAND R.F.D.</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WOODY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 29 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov 16 1862</u>	
9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Curtis Woody Ashland Mo</u>	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - bilateral - static</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterial Sclerosis - severe generalized senile</u>		?	
		DUE TO (c) <u>Styular Heart Disease -</u>		<u>Not known</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY		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 25 March, 1951, to 30 March, 1951, that I last saw the deceased alive on 26 March, 1951, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm D. Hall</u>		23b. ADDRESS <u>Ashland - Mo</u>		23c. DATE SIGNED <u>30 March 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-31-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW SALEM CENT</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-31-51</u>		REGISTRAR'S SIGNATURE <u>Ms Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W L Burnett</u>		ADDRESS	

RECEIVED 4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-10-51 \_\_\_\_\_

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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

*W. C. Burnett*

Licensed Embalmer No.

*3564*

P. O. Address

*Ashland 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.