

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12024

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5315 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wooldridge)
c. LENGTH OF STAY (In this place) all of life
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wooldridge
d. STREET ADDRESS (If rural, give location) 0270

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) Wooldridge
c. (Last) Nixon

4. DATE OF DEATH (Month) (Day) (Year)
April 28 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH January 7th 1879

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Wooldridge, Cooper Co., Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hurt H. Wooldridge

13b. MOTHER'S MAIDEN NAME Sallie Eager

14. NAME OF HUSBAND OR WIFE Alex Nixon

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 ADDRESS Fletcher Nixon, Wooldridge, Missouri.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of heart - Metastatic
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.

INTERVAL BETWEEN ONSET AND DEATH 2 years

19a. DATE OF OPERATION 8-20-49

19b. MAJOR FINDINGS OF OPERATION Carcinoma of right breast. Operated by Dr. Suganaka or 494 Ch. 2nd. 170X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5 1945, to 4-28 1951, that I last saw the deceased alive on 4-15 1951, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.E. Stou (Degree or title) M.D.

23b. ADDRESS Boonville Mo

23c. DATE SIGNED 4-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 30, 1951

24c. NAME OF CEMETERY OR CREMATORY Wooldridge

24d. LOCATION (City, town, or county) (State) Wooldridge, Missouri.

DATE REC'D BY LOCAL REG. 5/7/51

REGISTRAR'S SIGNATURE V. J. Meredith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri.

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

270
1

RECEIVED

DISTRICT HEALTH OFFICE No. 3 5-7-51

District File Number

5-7-51

OCT 7 1952

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.

Student Embalmer No.

Signed.....

Student Embalmer

Signed.....

G. F. Roller

Licensed Embalmer No. 3062

P. O. Address *Boonville, 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.