

FILED MAY 21, 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH19273
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>6269</u>		Registrar's No. <u>35</u>			
1. PLACE OF DEATH a. COUNTY <u>WEBSTER - Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: re- a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY FARM</u>				d. STREET ADDRESS (If rural, give location) <u>MARSHFIELD</u>					
3. NAME OF DECEASED (Type or Print), <u>HESTER</u>			a. (First)		b. (Middle)		c. (Last)		
			<u>WOODRUFF</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 2, 1899</u>		9. AGE (In years last birthday) <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>WEBSTER CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>DAVID SMILEY</u>			13b. MOTHER'S MAIDEN NAME <u>ELLIE EVINGTON</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELLA SMILEY</u>		ADDRESS <u>MARSHFIELD</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Labor</u> ANTECEDENT CAUSES <u>Pneumonia fever</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH 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 <u>490X</u>						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 _____, 19____, to <u>4-11</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:50 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. F. Schmitt MD</u>				23b. ADDRESS <u>Marion, Mo</u>		23c. DATE SIGNED <u>4-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>			
DATE REC'D BY LOCAL REG. <u>5/14/51</u>		REGISTRAR'S SIGNATURE <u>Thomas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>392 BARBER-BARTS</u>		ADDRESS <u>MARSHFIELD</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

120
5

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 19 1951

Dist. File 557-9135

Date Filed 5-19-51

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Marshfield, 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.