No. 300
10-48

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19632

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5787 Registrar's No. 53

60
3

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

1. PLACE OF DEATH
a. COUNTY: Cape
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dutchtown Hybbe Town
c. LENGTH OF STAY (In this place): Tourist
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dutchtown, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden 0351
d. STREET ADDRESS (If rural, give location): Malden, Missouri

3. NAME OF DECEASED (Type or Print): a. (First) Bernice b. (Middle) McClanahan c. (Last) Woodard

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1916
9. AGE (In years last birthday): 34 — 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: Home
11. BIRTHPLACE (State or foreign country): Caruthersville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: David F. McClanahan
13b. MOTHER'S MAIDEN NAME: Martha Barnes
14. NAME OF HUSBAND OR WIFE: Vernon Woodard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Vernon Woodard, Malden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Ex166

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____ 26

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: 016
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Dutchtown Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dutchtown Cape Missouri

21d. TIME OF INJURY (Month) June (Day) 22 (Year) '51 (Hour) 6A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accident nmdeed

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. R. Prickett 3 Coroner
23b. ADDRESS: 4 S. Pacific St Cape Gir.
23c. DATE SIGNED: June 26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: June 22, '51
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

DATE REC'D BY LOCAL REG.: July 2-51
REGISTRAR'S SIGNATURE: D. G. Silber 43
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.S. Smith Funeral Home C'ville., Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 11 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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.

Signed Howard R. Hamm

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau, M

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

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