

FILED JUN 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20864

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

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> <u>1730</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>S. WOODCOCK</u> c. (Last) <u>S. WOODCOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-1951</u>
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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>7-11-1883</u>	9. AGE (In years last birthday) <u>67</u> Months <u>11</u> Days <u>4</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>	11. BIRTHPLACE (State or foreign country) <u>Granby Missouri U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Zinc</u>	11. BIRTHPLACE (State or foreign country) <u>Granby Missouri U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Abraham Woodcock</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Stauder</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Francis Woodcock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Maynard Woodcock, Tulsa Okla</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u> ANTECEDENT CAUSES 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 <u>3 years</u>
	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>410X</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from _____, 1945, to _____, 1951, that I last saw the deceased alive on Jan 1, 1951 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Rales me</u> (Degree or title)	23b. ADDRESS <u>Granby Mo</u>	23c. DATE SIGNED <u>6.17.51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 17, 1951</u>	REGISTRAR'S SIGNATURE <u>M. L. Young 220</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Sherman-Granby</u>	ADDRESS _____
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RECEIVED

File for Health Officer No. _____

Newton Co. Health Dept.

District File Number _____

651-148

Date Filed _____

6/29/51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Glen D Williams*

Licensed Embalmer No. *4651*

P. O. Address *Cassville 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.