

FILED JUL 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22571

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5361 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY DAVIESS	
b. CITY (If outside corporate limits, write RURAL and give township) JACKSON TWP		c. CITY (If outside corporate limits, write RURAL and give township) JACKSON TWP, Rural	
c. LENGTH OF STAY (In this place) 46 YRS		d. STREET ADDRESS (If rural, give location) 0378	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) MINNIE (Type or Print) ELIZABETH	b. (Middle) ELIZABETH	c. (Last) WOODS	4. DATE OF DEATH (Month) (Day) (Year) JULY 9 - 1951
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5. SEX F	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH JUNE 12 - 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 27	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) GRANDY CO., MO.	12. CITIZEN OF WHAT COUNTRY? A.M.			

13a. FATHER'S NAME CARL F. WEIDEMANN	13b. MOTHER'S MAIDEN NAME MARTHA OTT	14. NAME OF HUSBAND OR WIFE Minnie Woods
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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 Minnie R. Woods - Rt 2 - Pop.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 28 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **July 8th, 1951**, to **July 24th, 1951**, that I last saw the deceased alive on **July 24th, 1951**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Claver F. Duffy MD	(Degree or title)	23b. ADDRESS Wentzville	23c. DATE SIGNED July 15th
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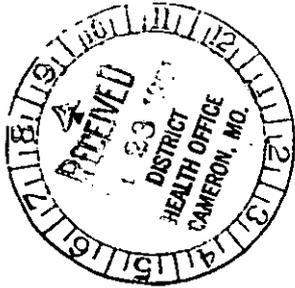
24a. BURIAL, CREMATION, etc. (Specify)	24b. DATE 7-11-1951	24c. NAME OF CEMETERY OR CREMATORY Methodist	24d. LOCATION (City, town, or county) (State) Wentzville, Mo. 1901
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DATE REC'D BY LOCAL REG. 17 July 1951	REGISTRAR'S SIGNATURE Eugene M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Walter L. Raderhorst	ADDRESS Wentzville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

310



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

William E. Richardson
Signed.....

Licensed Embalmer No. 4715

P. O. Address Springport, 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.