No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34077

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 210

493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: _____
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cherokee 8150
d. STREET ADDRESS (If rural, give location): _____

3. NAME OF DECEASED (Type or Print)
a. (First): Wilma
b. (Middle): - -
c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14, 1915
9. AGE (In years last birthday): 36 — 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: - - - - - -
11. BIRTHPLACE (State or foreign country): Topeka, Kans.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Reedy
13b. MOTHER'S MAIDEN NAME: Lela M. Smith
14. NAME OF HUSBAND OR WIFE: Merlin Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Merlin Woods — ADDRESS: Carthage, Mo.

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): Addison's Disease — INTERVAL BETWEEN ONSET AND DEATH: 5

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. Pregnancy — 3 days postpartum

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 274-X
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* August, 1951, *to* Nov. 3, 1951, *that I last saw the deceased alive on* Nov. 3, 1951, *and that death occurred at* 12:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Isheel, M.D.
23b. ADDRESS: Carthage, Mo.
23c. DATE SIGNED: 11/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-4-1951
24c. NAME OF CEMETERY OR CREMATORY: Parker Mortuary
24d. LOCATION (City, town, or county) (State): Topeka, Kans.

DATE REC'D BY LOCAL REG.: 11-4-51
REGISTRAR'S SIGNATURE: L B Clinton 139 MD
25. FUNERAL DIRECTOR'S SIGNATURE: Ulmer Funeral Home — ADDRESS: Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-13-51
Jasper County Health Office
County File Number 51/11/848
Date Filed 11-13-51

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 Ray E. Rose

Licensed Embalmer No. 4779

P. O. Address Carthage, Mo.

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.