

No. 300
10.48

FILED OCT 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34090

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3147 Registrar's No. 156

192

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> <u>0492</u>	
c. LENGTH OF STAY (in this place) <u>28 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>602 N. Devon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 N. Devon</u>			

3. NAME OF DECEASED a. (First) <u>Dora</u>		b. (Middle)		c. (Last) <u>Woodruff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1951</u>	
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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>July 12, 1877</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>		IF UNDER 6 HRS. Hours <u></u> Min. <u></u>	
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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>Audora, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John Tyndall</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fate Conner, 602 N. Devon Webb, City</u>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDITIS</u> DUE TO (c) <u>HYPERTENSION</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						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) (m.)		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 3-14, 1949, to 10-11, 1951, that I last saw the deceased alive on 10-11, 1951, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fate Conner</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>CARTERVILLE Mo</u>		23c. DATE SIGNED <u>10-15-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carterville, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 15-51</u>		REGISTRAR'S SIGNATURE <u>J. L. Fletcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Annee Simpson, Webb City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-23-51
Leapor County Health Office

County File Number 51/10/789

Date Filed 10-23-51

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.