

STANDARD CERTIFICATE OF DEATH

34725

State File No. ....

FILED OCT 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 29

1. PLACE OF DEATH  
 a. COUNTY Ray  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Orrick  
 c. LENGTH OF STAY (in this place) Lifetime  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo. b. COUNTY Ray  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Orrick  
 d. STREET ADDRESS (If rural, give location) 7 Mi N\*W of Orrick, Mo.

3. NAME OF DECEASED  
 a. (First) Wiley b. (Middle) \_\_\_\_\_ c. (Last) Woods  
 4. DATE OF DEATH (Month) (Day) (Year) Oct-6-51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 31, 1875 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Ray County 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Isaac Woods 13b. MOTHER'S MAIDEN NAME Elizabeth Tarwater 14. NAME OF HUSBAND OR WIFE Launa Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Launa Woods ADDRESS Orrick, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Apoplexy  
 ANTECEDENT CAUSES Arteriosclerosis  
 Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  
 DUE TO (c) Auto Endocarditis  
 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  NO  334X

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) Orrick - Ray Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 Aug 1-51, 1951, to Oct 6-51, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE Giffin F. Semmon (Degree or title) D.O. 23b. ADDRESS Orrick - Mo 23c. DATE SIGNED 10-9-51

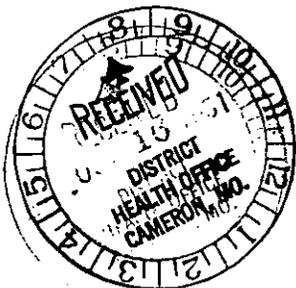
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 9, 51 24c. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery 24d. LOCATION (City, town, or county) (State) 7 Mi-N-W of Orrick-Mo.

DATE REC'D BY LOCAL REG. 10-11-51 REGISTRAR'S SIGNATURE Walter J. Larkin 272 25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good ADDRESS Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

890



**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.

*Self*

Student Embalmer No. ....

Signed

*Victor E. Jaminger*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2886

P. O. Address Liberty 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.