No. 300
10.48

FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40789

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1309

1. PLACE OF DEATH
a. COUNTY Buchanan OM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph 2
c. LENGTH OF STAY (in this place) 8 yrs 4 m 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weston Mo 0230
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) Dixie
b. (Middle)
c. (Last) Woods

4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Mar 4, 1884
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 9 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Voice Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Weston Mo
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Samuel Albert Woods
13b. MOTHER'S MAIDEN NAME Nancy Walker
14. NAME OF HUSBAND OR WIFE Single

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. Nil
17. INFORMANT'S SIGNATURE OR NAME Mrs Holt Coffey Platte City Mo — ADDRESS

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) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES — Fractured left trochanter accidental — 12-9-1951
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c) Fell to floor on ward State Hosp 2 — 12-9-1951

II. OTHER SIGNIFICANT CONDITIONS — Psychotic E9037
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
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital #2
21c. (CITY, TOWN, OR TOWNSHIP) St Joseph (COUNTY) Buchanan (STATE) Mo
21d. TIME OF INJURY (Month) 12 (Day) 9 (Year) 1951 (Hour) a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell to floor 131

22. *I hereby certify that I attended the deceased from* Jan 1st, 1951, *to* 12-18, 1951, *that I last saw the deceased alive on* 12-17, 1951, *and that death occurred at* 12 05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O. E. Cossins M.D.
23b. ADDRESS State Hospital #2 St Joseph
23c. DATE SIGNED 12-18-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-20-51
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.
24d. LOCATION (City, town, or county) Weston Mo. (State)

DATE REC'D BY LOCAL REG. Dec 21, 1951
REGISTRAR'S SIGNATURE Carl C. Cass 446
25. FUNERAL DIRECTOR'S SIGNATURE Vaughn Funeral Home — ADDRESS Weston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. R. Vaugh

Licensed Embalmer No. 4023

P. O. Address Weston, 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.