

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 55

JUN 18 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024

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1. PLACE OF DEATH a. COUNTY <u>Howard Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		b. COUNTY <u>Howard</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Armstrong Rural Burton Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>Owen</u>	c. (Last) <u>Woods</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 1, 1890</u>	9. AGE (In years last birthday) <u>61</u>	F UNDER 1 YEAR <u>10</u> Months	F UNDER 24 HRS. <u>11</u> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Jefferson Woods</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Magruder</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Jackson Thurman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leon C. Woods</u>	ADDRESS <u>Armstrong, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia (Coma)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 wk</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis</u>		
	DUE TO (c) <u>Metastatic Malignancy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Undetermined Lesion</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 May 1, 1952, to 6-12-52, that I last saw the deceased alive on 6-12-52, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bloom M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>6-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-14-52</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	436	25. EMERALD DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 1951

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.