

# STANDARD CERTIFICATE OF DEATH

State File No. 21226

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		<u>0661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>527 E. 4th Street</u>				d. STREET ADDRESS (If rural, give location) <u>527 E. 4th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>		b. (Middle) <u>Lillian</u>		c. (Last) <u>Woodard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 52</u>	
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>Sept. 21 1871</u>	
9. AGE (In years) (last birthday) <u>80</u>		10. 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>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John L. Manley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah H. Hovey</u>		14. NAME OF HUSBAND OR WIFE <u>George Woodard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>0000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Queen Kelley</u>		ADDRESS <u>Eldon Mo</u>	
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> <u>hypertension.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from _____, 19 <u>49</u> , to <u>June 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>52</u> , and that death occurred at <u>11:50 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Shelton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Eldon, Missouri.</u>		23c. DATE SIGNED <u>June 17 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 18 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 18 52</u>		REGISTRAR'S SIGNATURE <u>Alberrett</u>		GENERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>ELDON MO</u>	

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

RECEIVED

JUN 25 1952

MILLER COUNTY HEALTH  
DEPARTMENT

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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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Keith M. Kaye*

Licensed Embalmer No. 3998

P. O. Address. Eldon 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.