

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23462**

JUL 11 1952

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **52**

90

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

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (in this place) 41 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		DAD
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home			d. STREET ADDRESS (If rural, give location) Unknown		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) B. c. (Last) Woodard			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 27, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Salem, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Anthony Jay Woodard		13b. MOTHER'S MAIDEN NAME Miriam M. Pool	14. NAME OF HUSBAND OR WIFE unknown		
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 ADDRESS Mrs. H. J. Ledman, Corpus Christi,		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Arteriosclerotic Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH when 6 mos when
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from January 15, 1949 , to June 20, 1952 , that I last saw the deceased alive on June 20, 1952 , and that death occurred at 1 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold H. Hochstetler M.D.			23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 6-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 22, 1952	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cem.	24d. LOCATION (City, town, or county) (State) Salem, Illinois		
DATE REC'D BY LOCAL REG. 6-24-52	REGISTRAR'S SIGNATURE Floyd Logan 421-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.		

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

John E. Verluger

Licensed Embalmer No. *4409*

P. O. Address *Warrenton*

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.