

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23591**

FILED JUL 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3000** Registrar's No. **75**

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

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>BUTLER</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BUTLER</b>	
c. LENGTH OF STAY (In this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>CHESTNUT ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BUTLER MEMORIAL HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>WALTER</b>	c. (Last) <b>WOODY</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>JULY 25, 1952</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>AUG. 18, 1871</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED LABORER</b>	11. BIRTHPLACE (State or foreign country) <b>BATES Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN D. WOODY</b>	13b. MOTHER'S MAIDEN NAME <b>MARY J. DOBBINS</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. May Wilcof</b>	ADDRESS <b>Butler, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	DUE TO (b) <b>Fibrillation</b>		
	DUE TO (c) <b>Hemiplegia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Dementia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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) m.	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 **7-20, 1952** to **July 25, 1952**, that I last saw the deceased alive on **July 25, 1952**, and that death occurred at **6:20 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. L. Hansen MD</b> (Degree or title)	23b. ADDRESS <b>Butler Mo.</b>	23c. DATE SIGNED <b>7-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 26, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAKHILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BUTLER Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 26-52</b>	REGISTRAR'S SIGNATURE <b>Randall Kerney</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Underwood</b>	ADDRESS <b>Butler Mo.</b>
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TO THE  
STATE BOARD OF  
HEALTH  
AT  
Baltimore, Md.

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 Robert G. Steinbeck

Licensed Embalmer No. 4756

P. O. Address Baltimore, Md.

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.