No. 300
10.48

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1952

State File No. 24848

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, give location): 307 Eldorado St

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3. NAME OF DECEASED (Type or Print)
a. (First): JULIUS
b. (Middle): GARRETT
c. (Last): WOODWARD

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Dec 26, 1888

9. AGE (In years last birthday): 63
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter

10b. KIND OF BUSINESS OR INDUSTRY: decorator

11. BIRTHPLACE (State or foreign country): Clintons, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Julius D. Woodward

13b. MOTHER'S MAIDEN NAME: Lura B. Hailes

14. NAME OF HUSBAND OR WIFE: Lela Parsons Woodward

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.: unknown

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: H.B.Chumbley,709 Cedar,Carthage,Mo

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular 2 yr.
Renal syndrome
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 442X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10-, *1952, to* July 30, *1952, that I last saw the deceased alive on* July 30, *1952, and that death occurred at* 1201a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank H. Bruce (Degree or title): MD 0

23b. ADDRESS: Carthage,mo.

23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0

24b. DATE: Aug 2 -1952

24c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

24d. LOCATION (City, town, or county) (State): Carthage, Mo

DATE REC'D BY LOCAL REG.: 8-1-52

REGISTRAR'S SIGNATURE: L B Clinton MD

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-6-52
Jasper County Health Office

County File Number 52/8/613

Date Filed 8-6-52

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.