No. 300
10.48

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

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25440

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Ray 0890 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - FISHING RIVER
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Miles North East Elkorn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray 0890
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural.
d. STREET ADDRESS (If rural, give location): Rayville, R.R. 2

3. NAME OF DECEASED (Type or Print)
a. (First): NEELEY
b. (Middle): W.
c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): Aug 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 17, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 4, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Chief Gaurd, Gov. Hoy. Ex. Sgt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clay County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Robert Woods
13b. MOTHER'S MAIDEN NAME: Laura Ann Samples
14. NAME OF HUSBAND OR WIFE: Ella O'Dell Woods

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Ella O'Dell Woods, RR 2 — ADDRESS: Rayville, 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) Carcinoma of Colon

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Colostomy done at Ellis Fischel Cancer Hospital
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* 10/29, 1949, *to* Aug 3, 1952, *that I last saw the deceased alive on* 7/30, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S.K. McCracken M.D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 8/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Enon Cemetery
24d. LOCATION (City, town, or county) (State): Clay County Mo.

DATE REC'D BY LOCAL REG.: Aug 6-1952
REGISTRAR'S SIGNATURE: Helen J. Larkin 272
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home, Virgil Hope Ex. Sgt.

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1952

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.