No. 300
10.48

FILED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35627

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ludlow
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ludlow city limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ludlow 0590
d. STREET ADDRESS (If rural, give location): Ludlow city limits

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

4. DATE OF DEATH (Month) (Day) (Year): 10/13/1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/8/1873
9. AGE (In years last birthday): 79 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Orrick, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Simon Woods
13b. MOTHER'S MAIDEN NAME: Margaret Boone
14. NAME OF HUSBAND OR WIFE: Daisy Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Clifford Vanderpool BraymerMo

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): Right Cerebral Hemmorrhage Rhide — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2 Cerebral Hemmorrhages Left side
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: None
19b. MAJOR FINDINGS OF OPERATION: None 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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* 10-12, 1952, *to* to 10-12, 1952, *that I last saw the deceased alive on* 10-12, 1952, *and that death occurred at* 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo Morse MD
23b. ADDRESS: Ludlow Mo.
23c. DATE SIGNED: 10-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/16/1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen cemetery
24d. LOCATION (City, town, or county) (State): Braymer, Mo.

DATE REC'D BY LOCAL REG.: 10-20-52
REGISTRAR'S SIGNATURE: Gertie L. Ewing 1952
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gemb. Michael, Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Lemb. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.