

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6923

State File No.

FILED FEB 19 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 15

0690

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

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison Marion		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison, rural Marion	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) rural	
3. NAME OF DECEASED (Type or Print) Kate			4. DATE OF DEATH (Month) (Day) (Year) 2/2/53
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 11/21/1864	
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Madison, R R		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David C. Woods		13b. MOTHER'S MAIDEN NAME Mary Dulaney	
14. NAME OF HUSBAND OR WIFE never married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Madison	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Influenza DUE TO (b) Influenza DUE TO (c) 480X 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 20, 1953 to Feb 2, 1953 , that I last saw the deceased alive on Feb 1, 1953 , and that death occurred at 8:41 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS Madison, Mo.	
23c. DATE SIGNED 2-10-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
24d. LOCATION (City, town, or county). (State) Holiday Mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Madison	
DATE REC'D BY LOCAL REG. 2-10-53		REGISTRAR'S SIGNATURE [Signature]	

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 Wm. Frank A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison

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.