

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 7

1040  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Stone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>		
b. CITY OR TOWN <u>Rural Washington</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) <u>Halena Mo 1040</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>E.</u> c. (Last) <u>Woodhouse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5-1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>w/h</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 4-1889</u>	9. AGE (In years last birthday) <u>63-10-1</u>	IF UNDER 1 YEAR Hours Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (If dead State or Foreign Country) <u>Shaller Mo Bancroft</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Wood House</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Hammonds</u>	
14. NAME OF HUSBAND OR WIFE <u>never did marry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Purdie Wood House</u>		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.		19. ADDRESS _____	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs -</u>		
ANTECEDENT CAUSES			DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			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 _____		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 <u>here</u> <u>1952</u> , to <u>5 Feb</u> , <u>1953</u> , that I last saw the deceased alive on <u>here</u> <u>15</u> , <u>1953</u> , and that death occurred at <u>8:00 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Margery M.S.P.</u> (Degree or title) _____			23b. ADDRESS <u>Galena Mo.</u>		23c. DATE SIGNED <u>7 Feb 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carney Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena Mo.</u>		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>Everett H. Chestnut</u>		24f. ADDRESS <u>Galena Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 7-53</u>		REGISTRAR'S SIGNATURE <u>mo. J. Elmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett H. Chestnut</u>	

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

*Elliott J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address *Halena Mo.*

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.