

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

8786

State File No. 85

S. No. 300  
v. 10.48

FILED MAR 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. \_\_\_\_\_

105  
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Boone</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1514 1/2 Paris Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>FLORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>WOODRUFF</u>			March 21, 1953
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b>	<b>8. DATE OF BIRTH</b>
Female	White	Widowed	Dec. 24, 1879
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Clark County, Missouri.</u>
			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b>		<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<u>George Franklin Rex</u>		<u>Caroline Bartlett</u>	<u>Robert L. Woodruff</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Louise Woodruff, Columbia, Mo.</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of St. Int.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>163X</u>	
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.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Aug. 19 <u>48</u> to Mar. 21, 1953, that I last saw the deceased alive on <u>Mar. 21, 1953</u>, and that death occurred at <u>6:30 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Roland P. Jeleny</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>Columbia, Mo.</u>	<b>23c. DATE SIGNED</b> <u>3-21-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>Mar. 22, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Kahoka Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kahoka, Missouri.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Mar. 21 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. R. E. Palmer</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Parker Funeral Service, Columbia, Mo</u>	

**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 \_\_\_\_\_

*J. W. Phillips*

Licensed Embalmer No. 4897

P. O. Address Columbia, Md.

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.