

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35485

State File No. _____

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5415 Registrar's No. 55

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

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, /Wood twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Wood twp.	
c. LENGTH OF STAY (In this place) 6wks.		d. STREET ADDRESS (If rural, give location) Rt. 1, Mtn. Grove, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) H. c. (Last) Woods			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1953		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 10, 1880			9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
11. BIRTHPLACE (State or foreign country) Douglas Co., Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Henry Leach		13b. MOTHER'S MAIDEN NAME Holt		14. NAME OF HUSBAND OR WIFE Fred Wood (deceased)	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olen Woods, Rt.1, Mtn. Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma 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.		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
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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) (Min)		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 July 1953, to Oct 13, 1953, that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 5:18 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Garrett Logg		23b. ADDRESS Carroll Mo		23c. DATE SIGNED Oct 15 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-16-53		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
24d. LOCATION (City, town, or county) (State) Douglas Co., Mo.					

DATE REC'D BY LOCAL REG. Oct. 20 - 53		REGISTRAR'S SIGNATURE Wesley Bushman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James L. Searby, Carroll, Mo	
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MAR 29 1956

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 *James L. Gentry*.....

Licensed Embalmer No. *4718*.....

P. O. Address *Cabool, 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.