

STANDARD CERTIFICATE OF DEATH

State File No. **44961**

FILED **DEC 23 1953**

BIRTH NO. 2122712-257 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 79

1120

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural - Britton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Britton</u> 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Potosi</u>		d. STREET ADDRESS (If rural, give location) <u>Near Potosi</u> 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Leon</u> c. (Last) <u>Woods</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 1 1953</u>	9. AGE (In years last birthday) <u>5</u> (If under 1 year) Months <u>17</u> (If under 24 hrs.) Days <u>17</u> Hours <u>17</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no occupation</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>no business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raymond Woods</u>	13b. MOTHER'S MAIDEN NAME <u>Deloris Lawson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Woods Sr. Potosi Mo</u> ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Coronary Artery Disease</u>		MEDICAL CERTIFICATION <u>J. Diann</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</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) _____		
	11. 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>illness</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Potosi Pt. 2 Washington Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. L. Gibson, M.D., Coronary</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>12-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Hills Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/21/53</u>	REGISTRAR'S SIGNATURE <u>Arburt Indall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Potosi Mo</u>
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(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 *Thomas J. L. [Signature]*

Licensed Embalmer No. *4236*

P. O. Address *Lead Run, 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.