

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9524

State File No.

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY OR TOWN Maryville		c. LENGTH OF STAY (In this place) 28 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 904 West Third		e. STREET ADDRESS (If rural, give location) 904 West Third					
3. NAME OF DECEASED (Type or Print) ERNEST		a. (First) B.		b. (Middle) WOODWARD			
c. (Last) WOODWARD		4. DATE OF DEATH 3 4 54		5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/21/82			
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY retired			
11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME William Woodward		13b. MOTHER'S MAIDEN NAME Elizabeth McCarthy		14. NAME OF HUSBAND OR WIFE Bertha Moore Woodward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. B. Woodward, Maryville, 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) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Senescent arteriosclerosis DUE TO (c) Diabetes Mellitus Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden	
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) 260X			
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 May 12, 1952 to March 4, 1954 , that I last saw the deceased alive on 3-3, 1954 , and that death occurred at I.A. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. R. Jackson, M.D.		(Degree or title)		23b. ADDRESS Maryville, Missouri			
23c. DATE SIGNED 3-18-54		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/6/54			
24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri					
DATE REC'D BY LOCAL REG. 3-20-54		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

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

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.....
Signature of Student Embalmer

Signed *Curtis E. Hensley*

Licensed Embalmer No. *493*

P. O. Address *Maryland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.