

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

State File No. **11143**

No. 300  
10.48

FILED APR 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5050 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Mineral Springs)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Mineral Springs)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALONZO</b> b. (Middle) <b>EDWIN</b> c. (Last) <b>WOODS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-29-1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>1-13-1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>public school</b>		11. BIRTHPLACE (State or foreign country) <b>Christian Co., Missouri</b>	
13a. FATHER'S NAME <b>Peter Woods</b>		13b. MOTHER'S MAIDEN NAME <b>Olive Owen</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Woods</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman Woods-Wichita, Kansas</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Congestive Heart Failure</b>		ANTECEDENT CAUSES <b>Parkinson's disease</b>		<b>1 week</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>9 years</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>350 X</b>		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 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 Mar 10, 1954, to Mar 20, 1954, that I last saw the deceased alive on Mar 20, 1954, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. E. McDaniel M.D.</b>		23b. ADDRESS <b>Wichita, Mo.</b>		23c. DATE SIGNED <b>4/1/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-1-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mineral Springs Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Mineral Springs, Mo.</b>		DATE REC'D BY LOCAL REG. <b>4-19-1954</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>G. E. Culver</b>		ADDRESS <b>Cassville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

454-12

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

Rec. 4-24-54

**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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.