

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

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Clernon</u>		2. USUAL RESIDENCE (Where deceased lived. (Institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clatsop</u>	
b. CITY (if outside corporate limits, write RURAL and give to (ship) TOWN <u>Rural Washington</u>		c. CITY OR TOWN <u>Houston</u>	
d. FULL NAME OF (if given) Hospital or Institution <u>Harvey Woodworth</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Woodworth</u> c. (Last) <u>Woodworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 26 - 90</u>	9. AGE (in years last birthday) <u>68</u> Months <u>6</u> Days <u>9</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired)) <u>Printer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wakefield Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clavel Woodworth</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Graves</u>	14. NAME OF HUSBAND OR WIFE <u>Separated</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> ADDRESS <u>_____</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis</u> DUE TO (c) <u>✓</u>		
II. 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 (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>
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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
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22. I hereby certify that I attended the deceased from Oct 26, 1943 to May 5, 1954, that I last saw the deceased alive on 5-5-1954 and that death occurred at 12:30 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>R G Hall Mo</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>5-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph # 3</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-5-1954</u>	REGISTRAR'S SIGNATURE <u>Anna & Fory 431</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherten Funeral Home</u> ADDRESS <u>_____</u>
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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 *Richard C. Hartley*.....
Licensed Embalmer No. *457*.....

P. O. Address *Wichita, Kan.*.....

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.