

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>MEMPHIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL W. JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSP.</u>		0-940	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>LEO</u> c. (Last) <u>WOODS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 1 1954</u>	
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>OCT 6, 1953</u>
9. AGE (In years last birthday) <u>1</u> Months <u>1</u> Days <u>25</u>		10. UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>L</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KIRKSVILLE Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>LEO WOODS</u>		13b. MOTHER'S MAIDEN NAME <u>CLEO MATHES</u>	
14. NAME OF HUSBAND OR WIFE <u>L</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leo a. Woods Memphis</u>		ADDRESS <u>Memphis</u>	
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) <u>Bronchial Pneumonia</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) _____ 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 <u>491X</u>	
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) _____ m. _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 28, 1954</u> , to <u>Dec 1, 1954</u> , that I last saw the deceased alive on <u>Dec 1, 1954</u> , and that death occurred at <u>3:00 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. T. Rhoads, Jr.</u>		23b. ADDRESS <u>Memphis, Mo</u>	
23c. DATE SIGNED <u>12-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 3, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-7-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Payne</u>		ADDRESS <u>Memphis, Mo</u>	

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 *Neal Payne*.....

Licensed Embalmer No. *259*.....

P. O. Address *Memphis*.....

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.