

FILED DEC 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. **40487**BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5332** Registrar's No. **54-107**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ernest Twp		c. LENGTH OF STAY (in this place) yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 8mi N.E. Lockwood Mo		c. CITY OR TOWN Rural Ernest twp d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Madison c. (Last) Woods		4. DATE OF DEATH (Month) (Day) (Year) Dec 14, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 12, 1886
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months 3	11. UNDER 24 HRS. Days 2 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Highpoint Mo		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME Elmer Woods		13b. MOTHER'S MAIDEN NAME Rachel Jane Woods	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1		16. SOCIAL SECURITY NO. W.W.#1	
17. INFORMANT'S SIGNATURE OR NAME George Woods		ADDRESS Greenfield Mo rt2	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis 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 446 X	
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)		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 9-18 , 19 54 , to 12-14 , 19 54 , that I last saw the deceased alive on 12-12 , 19 54 , and that death occurred at 1:00p m., from the causes and on the date stated above.			
23a. SIGNATURE J. D. Combs M.D.		23b. ADDRESS Lockwood Mo	
23c. DATE SIGNED 12-17-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-16-54	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		24d. LOCATION (City, town, or county) (State) Dade Co Mo.	
DATE REC'D BY LOCAL REG. 12-17-54		REGISTRAR'S SIGNATURE J. C. Canada 478	
25. FUNERAL DIRECTOR'S SIGNATURE W. R. Allison		ADDRESS Greenfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *W.R. Allison*

Licensed Embalmer No. *440*

P. O. Address *Greenville*

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.