

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 30 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		d. STREET ADDRESS (If rural, give location) 501 West Grandriver	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 West Grandriver			
3. NAME OF DECEASED (Type or Print) a. (First) Robb		b. (Middle) X	
c. (Last) Woods		4. DATE OF DEATH (Month) (Day) (Year) December 19 1954	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Sept. 22, 1870
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Henry Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James A Woods		13b. MOTHER'S MAIDEN NAME Elizabeth Bull	
14. NAME OF HUSBAND OR WIFE Gracie Jane Woods			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Doris Woods		ADDRESS Clinton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>capillary</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) <u></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.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>4 yr.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</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 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 <u>Jan</u> , 19 <u>24</u> , to <u>12-19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>54</u> , and that death occurred at <u>4 20</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed Walker</u> 0		23b. ADDRESS <u>Clinton Mo.</u>	
23c. DATE SIGNED <u>12-20-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/54	
24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo.	
DATE REC'D BY LOCAL REG. OFFICE Dec. 21-54		REGISTRAR'S SIGNATURE <u>Florence Adams</u> 722	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Conslan</u>		ADDRESS <u>Clinton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1950

**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 \_\_\_\_\_

*J E Conover*

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo

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.