

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10412**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2492**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY DENT	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri.)		c. LENGTH OF STAY (in this place) 12 days.	c. CITY OR TOWN Salem,
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital.		STREET ADDRESS (If rural, give location) #815 Hickory Street.	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY I b. (Middle) ISAAC c. (Last) WOODS.			4. DATE OF DEATH (Month) (Day) (Year) March 18, 1955.
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed.	8. DATE OF BIRTH Sep't 6, 1872.
9. AGE (In years last birthday) 82.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant..	11. BIRTHPLACE (City and State or Foreign Country) Shawneetown, Illinois.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY General..	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Isaac Woods.		13b. MOTHER'S MAIDEN NAME Sarah Venters.	14. NAME OF HUSBAND OR WIFE Minnie M. Woods.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. 498-16-4171.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs W. C. McNabb. Salem, Missouri.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE 1-2 yrs 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 CHOLELITHIASIS	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Mar. 7, 1955 , to MARCH 18, 1955 , that I last saw the deceased alive on MARCH 17, 1955 , and that death occurred at 6:15 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert E. Koch M.D.		23b. ADDRESS 35 N. Central, Clayton, Mo.	
23c. DATE SIGNED 3-18-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal..		24b. DATE 3/19/55.	
24c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery.		24d. LOCATION (City, town, or county) (State) McLeansboro, Illinois.	
DATE REC'D BY LOCAL REG. MAR 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS C. R. Lupton & Sons, #7233 Delmar Blv'd.	

J. P. (Licensed Embalmer's Statement on Reverse Side)

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

VS
MAR 29 1966

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.....
Clarence H. Murr

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.