

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17741**

FILED JUL 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **169**

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Columbia</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Varsity Theatre - N. Ninth St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>111 Willis Ave.</b>		01050	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOMER</b>		b. (Middle) <b>GRAY</b>	
c. (Last) <b>WOODS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 6, 1880</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager &amp; Owner of Theatre</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Theodore H. Woods</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Pickett</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Orcutt Woods</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Homer G. Woods, Columbia, Mo.</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of heart</b>  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.  <b>976X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Columbia Boone Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7 5 55 7 am</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>32 cal pistol bullet thru heart &amp; chest</b>			
22. I hereby certify that I attended the deceased from <b>7/5/55</b> , 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at <b>7 am</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Henry Sweet JMD</b>		23b. ADDRESS <b>Corner 3 Columbia Mo</b>	
23c. DATE SIGNED <b>7/6/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 7, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>July 6 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Purser Funeral Service, Columbia, Mo.</b>		ADDRESS	

SEP 11 1956

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.....  
Licensed Embalmer No. 489

P. O. Address Columbia

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.