

FILED JUL 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. 22951

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5788 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deventer Rural Miss.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deventer	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) Route 1, Box 269	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Box 269			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Wooden			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1955		
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 31, 1861		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. James County, Louisiana
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME E. W. Ambrose		13b. MOTHER'S MAIDEN NAME Malinda Johnson		14. NAME OF HUSBAND OR WIFE Alec Wooden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gartie Cole, R.1, Box 269, Deventer, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		Unknown
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Arterio-sclerosis and hypertension		1 day
DUE TO (c) 33ix		
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		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?	

22. I hereby certify that I attended the deceased from June 14, 1955, to June 15, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 3:17P m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. R. Ector, D.O.</i>		(Degree or title)		23b. ADDRESS Wyatt, Missouri	
23c. DATE SIGNED June 18-55					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 18, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Charleston, Missouri					

DATE REC'D BY LOCAL REG. 7-20-55		REGISTRAR'S SIGNATURE <i>Lucretia S. Harper</i>		197-1	
25. FUNERAL DIRECTOR'S SIGNATURE <i>F. J. Sparks</i>		ADDRESS Charleston, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

067d

JUL 25 REC'D
JUL 25 1912 REC'D

RECEIVED
Miss. Co. Health D
County File No. _____
Date Filed JUL 25 19

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 Frank J. Sparks
.....

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.