

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25261

State File No.

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5082 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Passaic</u>	c. LENGTH OF STAY (in this place) <u>5 Wks.</u>	c. CITY OR TOWN <u>Passaic</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Passaic, Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>Passaic, Mo. Box #7</u> <u>0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elihu</u> b. (Middle) <u>Lane</u> c. (Last) <u>Woodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 2, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mgg. Co. Chemistry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cumberland City, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William R. Woodson</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Marlow</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Alice Woodson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>195-03-8198</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora A. Woodson</u> ADDRESS <u>Passaic, Mo.</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-</u> DUE TO (c) <u>sclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 8/16, 1955 to 8/19, 1955, that I last saw the deceased alive on 8/19, 1955 and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dwain D. Donaldson</u> (Degree or title)	23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>8/21/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG <u>8-21-55</u>	REGISTRAR'S SIGNATURE <u>Myra Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFAADING 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.....
J. H. Gibson

Licensed Embalmer No. *487*

P. O. Address *Indep.,*

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.