

FILED NOV 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36429

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY **DUNKLIN**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **MO.** b. COUNTY **DUNKLIN**

b. CITY OR TOWN **Kennett** c. LENGTH OF STAY (In this place) **1 Day**

c. CITY OR TOWN **Senath** d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **PRUS No 11 Hospital** e. STREET ADDRESS (If rural, give location) **0376**

3. NAME OF DECEASED (Type or Print) a. (First) **Sudy** b. (Middle) **Woods** c. (Last) **WOODS** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 30 55**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 11, 1886** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **70**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Asst. nurse** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Tenn.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Ike Eads** 13b. MOTHER'S MAIDEN NAME **Martha Mannus** 14. NAME OF HUSBAND OR WIFE **Th. Woods**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Th. Woods Senath, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Apoplexy** INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DUE TO (b) **Hypertension**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **334X**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-1** 19**54**, to **10-30** 19**55**, that I last saw the deceased alive on **10-30** 19**55**, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L.C. Wilson M.D.** 23b. ADDRESS **Kennett, Mo** 23c. DATE SIGNED **11-17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov 1, 55** 24c. NAME OF CEMETERY OR CREMATORY **Cornith** 24d. LOCATION (City, town, or county) (State) **Vardin Tenn**

DATE REC'D BY LOCAL REG. **11-17-55** REGISTRAR'S SIGNATURE **Earl Hanson** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McDaniel Funeral Home Senath, Mo**

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT11-22.....

COUNTY FILE NUMBER 11.5.

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 *Edwin L. Lewis*.....

Licensed Embalmer No. 48.....

P. O. Address *Smith*.....

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.