

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39775**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1363**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): - a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 38 yrs.		e. STREET ADDRESS (If rural, give location) R#3.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roy Jewitt Cafe 904 S. 18th St			

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Dell c. (Last) Woods			4. DATE OF DEATH (Month) (Day) (Year) December 22, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1899	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Construction Co.	11. BIRTHPLACE (City and State or Foreign Country) Fairplay, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Woods	13b. MOTHER'S MAIDEN NAME Martha Vaughn	14. NAME OF HUSBAND OR WIFE Mae Nave Woods
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 491-10-3657	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae Woods ADDRESS R#3 St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantaneously
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) signed as an unattended death DUE TO (c) in city of St. Joseph, Mo.		
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 4201	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)	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 **12-22, 1955** to _____, 19____, that I ~~last saw the deceased~~ **found him alive** alive on _____, 19____, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Magin M.D. Assistant City Health Officer	23b. ADDRESS 12-18 N. 7th St, City	23c. DATE SIGNED 11-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Dec 29, 1955	REGISTRAR'S SIGNATURE Lothar M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer - Sherman ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN

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 *Edward B. Harrington*

Licensed Embalmer No. 3258.

P. O. Address ... St. Joseph, ...

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.