

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41180**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A</u> c. (Last) <u>Woodward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15, 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 17, 1876</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.A</u>

13a. FATHER'S NAME <u>Marion Francis Woodward</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Woodward</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>494-07-7524A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha Woodward Edina, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of the neck of his left femur</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 June, 1957, to Dec 15, 1955, that I last saw the deceased alive on Dec. 12, 1957, and that death occurred at 10:40 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Francis Janydar M.D.</u>	23b. ADDRESS <u>Edina Missouri</u>	23c. DATE SIGNED <u>Dec. 16, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 19-55</u>	REGISTRAR'S SIGNATURE <u>W. A. Humolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Humolt</u>	ADDRESS <u>Edina, Mo</u>
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WRITE PLAINLY—USING UNFADING 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~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina Mo.*

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.