

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42792**  
**11532**

FILED JAN 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>2 years</b>		e. STREET ADDRESS (If rural, give location) <b>26 916 Maunda 22670</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Viola</b> b. (Middle) <b>Woods</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>12 28 55</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 8 1883 72</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Whiteville, Tenn.</b>	
13a. FATHER'S NAME <b>Frank Matley</b>			13b. MOTHER'S MAIDEN NAME <b>Caro Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Step Woods</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Doris Woods R14, Bolser Tenn</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drouchs Pneumonia;</b>		DUPLICATE					
*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. DUPLICATE <b>2nd + 3rd degree burns over 30% of body, suffered</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>see fall against gas heater in house, on December 18th</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1955 about 1045 am. E.g. 1.0</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>St Louis</b> (COUNTY) <b>Mo</b> (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 18 55 10:45</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall</b>		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:55** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Quinn</b> (Degree or title) <b>Physician</b>			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12/30/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>12-30-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mathew County</b>	
24d. LOCATION (City, town, or county) <b>White Hill Tenn.</b>		24e. LOCATION (State) <b>Tenn.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 30 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. H. Bursea</b>	

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 by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Theo J Yandell*  
*Theo J Yandell*  
Licensed Embalmer No. ....

P. O. Address *Webster*

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.